STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED TAME 28 DATE OF DEATH MONTH 2b. HOUR PAUL December 14, 1986 HENRY BARNARD 11:30A 1 RACE White 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male 1916 Nov. BIRTHPLACE THAT OFFORTIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED GENEVER MARRIED Allegany Md. U. S. A WIDOWED IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR Memorial Hospital LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Cumber land Paper Mill Laborer LIAL RESIDENCE OF HUMBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13 COUNTY 13c. CITY OR TOWN 1134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. Garrett Swanton Rt 1 Swanton Md. LACEATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Florence Duckworth Howard Barnard I WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17 INFORMANT IYES. NO OR UNKNOWN) 214-12-3735 W. W. 2 Mrs Phyllis Barnard Rt 1 Swanton Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSTS OF DEATH? NOM 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR 19 THE INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) COUNTY CITY OR TOWN 220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (ve) (did) did not) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 21e ADDRESS Memorial Hospital & Medical Center Dr. Howard Diener Cumberland, MD 21502 230 BURIAL CREMATION PEMOVAL THE DATE NAME OF CEMETERY OR CREMATORY Mdi Burial Garrett Memorial Garden TY OR TOWN Oakland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Westerport Md. Roal Funeral Service (VRA 15, 4)

0.0-2 21 ,23 talantane Car x and the same of the same of equipment produced by the prod Commonwell for increase of four war of the first of . M. Stephot server was the friends of the single of love that and to get the day of the street the street

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1916

13d INSIDE CITY LIMITS?

JESSTE

17 INFORMANT

DIVORCED T

NO V

15 MOTHER'S MAIDEN NAME

MARRIED NEVER MARRIED

BARNES

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

Memoria 1 HOSPITAL

13r CITY OR TOWN

166. SOCIAL SECURITY NO.

214-07-2451

DUE TO, OR AS A CONSEQUENCE OF

ARTEMAS

DUE TO, OR AS ACONSEQUENCE OF

CLINGERMAN

5. DATE OF BIRTH MONTH

HINE

WIDOWED

MIDDLE

20. DATE OF DEATH MONTH 26. HOUR December 20,1986 9:00 IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Allegany 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY HOUSEWIFE 13e STREET ADDRESS / ZIP CODE BOX# SHIPLEY ADDRESS KENNETH BARNES ARTEMAS PENNA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21g. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

226 SIGNATURE

WHILE NOT WHILE

ow the deceased al

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

Canditions, if any, which gave rise to immediate cause (a), stating the

underlying cause last.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

STATE

DECEASED NAME

FEMALE

TO BIRTHPLACE ISTATE OF FOREIGN

COUNTMARYLAND

CITY OR TOWN OF DEATH

Cumberland

PENNA

AT RAH

(YES NO OR UNKNOWN)

NO

UT FATHER'S NAME

(TYPE OR PRINT)

2 SEX

13a. STATE

CERTIFICATION

Hem 18 s

FIRST

MARGARET

4 RACE

USUAL RESIDENCE, LIE NURSING HOME OR OTHER INSTIBUTION, GIVE RESIDENCE BEFORE ADMISSION

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

TAN COUNTY

BEDFORD

JANE

WHITE

IISA

Th CITIZEN OF WHAT COUNTRY?

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 19 21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

ATTENDING

CITY OR TOWN

20a AUTOPSY?

STATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Dr. H. C. Merrick

DEC 22 1986

FAIRVIEW CEMETERY

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN Memorial Hospital Medical Building

, and that in (my) (our) opinion death occurred on the date and have and from the causes stated

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL BURTAL

236. DATE. 23c. NAME OF CEMETERY OR CREMATORY

Cumberland, Md. 23d LOCATION

INGLESMITH BEDFORD PENNA.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

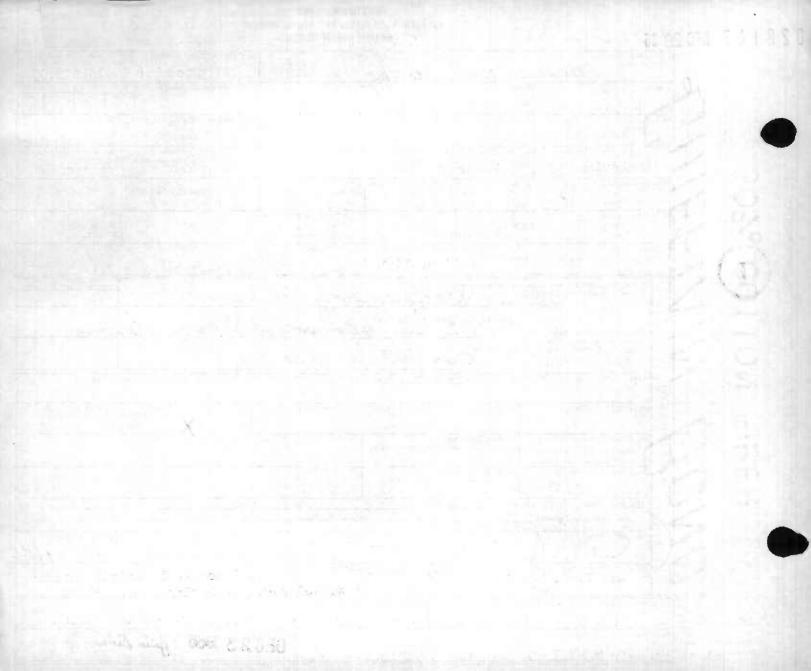
2201 certify that (1) (this hospital) attended the deceased from

abave, (1) (we) (did not) dow the body after death

SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAND

(VRA 15, 4)

REGISTRAR 256/REGISTRAD'S SIGNATURE



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1283	26 0000		EGISTRAR FASED NIAME	FIRST	MEL	MIDDLE XAMIN	IER'S C	EKTIFICATE	OF DEATH	REG NO.	AONTH DAY YE	AR IN HOUR
0 2 0 3	4 U UEL 2	J (TGD	DR PRINT)	Raymo	bac		D.	eck. Sr.	OF DEATH		2/14/86	6:30
	PLEASE ECTOR. FILES. STREET,	3. SEX	14.	RACE	Is. DATE OF BIRTH	L.			R 24 HRS. 2c. DATE	MATED	ONTH DAY Y	EAR 2d HOUR
	ON SAN	mal		White	Jun. 29,	1902 84 Y	RS.		MIN PRONOUN DE AD	CED 12/1	14/86 19	8:40
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	出てエラケー	M	D		USA		WIDOW			egany		MD.
	AV IS N	10. CIT	Y OR TOWN O	FDEATH	11. NAME OF HOSE	PITAL, NURSING HOM	E, OR OTH	IER INSTITUTION	12a USUAL OCCUP		WORK 12b KIND OF	F BUSINESS USTRY
	SS BBB PACE		mberla			catur St.			Ret Brew	er Wo	cker Bee	r Co.
21201	Y SEE S	USUAL 13a. STA		113b. COUN		residence before admiss 13c. CITY OR TOWN Cumberla		13d. INSIDE CITY LIMITS?			St. 215	02
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MOM	20 × 40	16a. W.	AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI	IY NO.	17. INFORMANT		ADDRESS	HOII	
BALTIMORE	THE THE SECOND	No	S, NO, OR UNKNOW	(IF YES, GIVE	WAR OR DATES)	214-05-5	5011	Mary E	. Brady C	umber	land, MD	
:	W. C.		18 CAUSE OF	DEATH (Enter on	ly one cause per line						APPROXI	MATE INTERVAL
PRESTONAT	T S Z S Z		PARTIDEA	TH WAS CAUSED	D BY: TE CAUSE (a)	MOCARA	1'AL	INFA	+RCTION		BEIWEEING	INSET AND DEATH
STO	IN IT				DUE TO, OR	AS A CONSEQUENCE						
8	투목류목욕음			, if any, which ta immediate	(b) A1	LTERIOS	CLER	OTIC H	EART B	524521		
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5, 201	SE E E				(c)							
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- E	PED A MEN	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	'AS PERFORMED?			20 AUTOI	PSY?
/IIA		I F									YES [X ON E
DIVISION OF VITAL	AG THE WORD TO THE CHI SHOULD BE UP SHOULD BE UP		210 EXTERNAL UNDERLYING CONTRIBUTING	arterna.		INJURY MONTH DAY YEA		OW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	1 OR PART 2)	
VISIO		ă	21d INJURY OC	CURRED	21e PLACE C			CATION				
ā	THIS CERT WARDED PAGE 3 SI STATE DEP		WHILE AT WORK	NOT WHILE C	J SIREET, PACE	ORT, PARM, ETC.)) REE!	CITY OR TO	VN .	Cannia	STATE
			22a. I certify	that I taak charg	e at the remains des	ribed abave, held an	Autap	sy . Inspect	ion X, Inquiry	X, and in	my apinian	
	MANN BE F F F F F F F F F F F F F F F F F F F		death resulted	fram: Natur	ral causes 🔀 ,	Accident , S	vicide [, Hamicide	Undetermined mo	nner ,		
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	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO	1	EXAMINER'S N (TYPE OR PRINT	AME GIOVA	ANN: M	ASTRAN	621	ADDRESS POO	SETION	DRIV	E CUMBE	RLAND
	DAN DE PA	23a.BU	RIAL, CREMATI	ON, REMOVAL 2	3b. DATE	23c. NAME OF CE	METERY C		23d LOCATION		COUNTY	STATE
07/84 25M	BP		Buria	1 I	Dec. 17,1	986 St. 1	lary	IZSa. DAT	Cumber	and A	llegany	MD
	DHMH - 17 (VR A15 ME (5))				ht Cumbe	rland, M	D	DEC	22 1986			
	(-//					- Land, M			2 2 1000	Aci s	Cardon P	436

Charles I. Jeck annie

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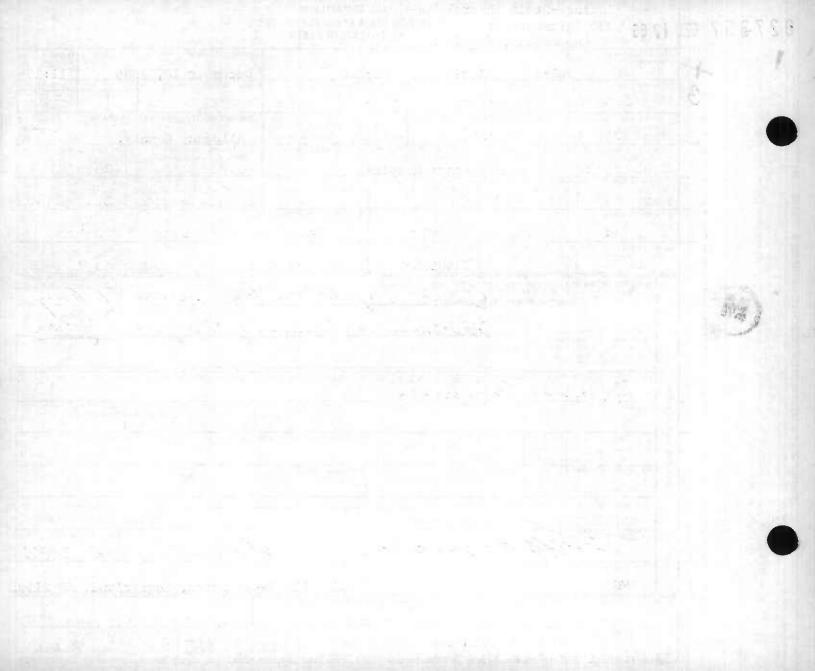
Cumberland 103 Decatur St. Ret brower norker Beer Co. 10 Allogany Cumperland AC 103 Decatur St. 21502

LOW

214-05-5012 .lary L. arady Curberland, LD

Durini Dod. 17, 1906 St. Marys Carn. C Cumberland Allerany an william G. Night Cumberland, 10

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7357 DEC		SAJE 230 Baltir	note be		IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE O	0 0	
	1 DE	REGISTRAR Cumber	Land, MD 21502		IAST	REG. NO		Tarriage
wŧ /		OR PRINT)			400	ZE. DATE OF DEATH	MONTH DAY YEAR	26 HOUR P
poge 3	0.05	Julia			cker	December 1		11:25M
事	3. SE		4 RACE	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
		female	white	Mar	ch 5, 1910	76	YRS.	
XEL		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNT	RY? 8 MARRIE	DE NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	
0		est Virginia	U.S.A.	WIDOWI		Allegany		MD.
-		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
E OK		umberland	Sacred Heart		a1	Buyer	Ret	ail
\$ 2		AL RESIDENCE I IF NURSING HOME OR STATE 136 COUN			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
			egany Cumbe	erland	YES 🔀 NO 🗌		rland St.	21502
11	14 F/	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE	IN DESTRU	ısı
		John Pa	trick McC	Graw	Mary	Margar		han
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	SS	
1	_ '	No	21405	7338	John Lewis	Becker	same as	13a-e.
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily ane cause per line for (a), (b	, and (c).)	\.\	0	APPRO	XIMATE INTERVAL
			D BY: TE CAUSE (a)	U US	puration	Gherran.	ma 60	low
ofice			DUE TO, OR AS A CONSE	OUENCE OF		1.		
mno.		Conditions, if any, which	(16) Newson		las Diseas	edi /har	gna G	lean
er tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF		V	V	
10	9.0	underlying couse lost	(c)	GOLITCE OF			Maria Na	
٥, ٧		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN IN PART 1	la
ì	0	Letypic	al they cho.	محد				
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
1	TIF					YES NO	YES 🗌	NO [
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	NIN .	19				
-	(EDI	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM ETC)	21f LOCATION STREET	CITY OR TO	vn COUNTY	STATE
	2	AT WORK AT WORK						
	Α.	220.1 certify that (1) (this hospi		om	, 19	, to	19	that (1) (we) last
	157	saw the deceased alive on above, (1) (we) (did) (did na	t) view the body after death	9, o	nd that in (my) (our) opinian	death occurred on the da	te and hour and fram the	couses stated
		22b. SIGNATURE	1111	- /	DEGREE	/	22c. DAT	SIGNED
		1000	mazzoc	con	> ATTENDING PHYSICIAN	MEDICAL STAF		12-81
1		22d. PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS			
1		BMG			BMG 912 Se	eton Drive.	Cumberland.	MD 21502
		BURIAL, CREMATION, REMOVAL	23b. DATE	3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		Burial	12/13/86	St Pat	ricks	Cumboxia	COUNTY	STATE MD
7/B4	24. FI	INFRAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR	nd Allega Sb REGISTRAR'S SIGNA	10
/84	2.3		re-Stein Fun		1.7	EU 161986	Join Dindson	Pandage
	<u> </u>	U Baltimore	Ave. cumber!	and.	4D 21502			



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STATE OF MARYLAND

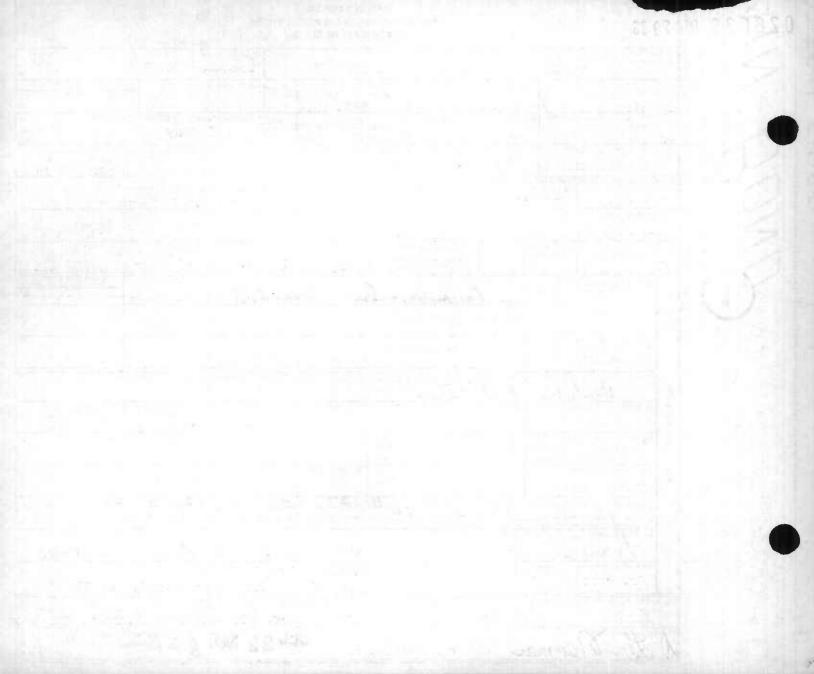
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKITI	ICATE OF DEATH		REG. N	0.		
		EASED NAME	FIRST		MIDDLE		AST	2a. DA	ATE OF DEATH		DAY YEAR	2b. HOUR p
	(TYPE	OR PRINT)	ELSIE		MARIE	B	ITTINGER	De	cember	14, 1	986	9:20 m
	3. SEX	(4. RACE		5. DATE O		6. AGI	(IN YEARS LAST BIE	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Fe	male		White		MONT	8/28/1914		72	YRS.	MONTHS DAYS	HOURS MIN.
1	7a. BII	RTHPLACE (STAT	E OR FOREIGN		WHAT COUNTRY?	8.		9 BAI	TIMORE CITY		Y OF DEATH	
1		ryland	1	USA		WIDOW	D NEVER MARRIED S		Allega	ny		MD.
5	10. CT	TY OR TOWN OF	DEATH #	11. NAME OF H	HOSPITAL, NURSIN	G HOME O	OR OTHER INSTITUTION	12a U	SUAL OCCUPAT			F BUSINESS OR
1		Cumber 1	and	Memo	rial Host	oital		(TYPE (cook)F WORKING I		aurant
7 0	USUA	AL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)				•	- 1	autant
les.		ryland	Garr		Friendsv		13d. INSIDE CITY LIMITS?	Ro	reet address ute 1, 7			531
1	M FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN I	NAME	WIDDLE		LAS	т.
	Si	stas Sil	as -		Bitting	er	Mary		Maude	3	Mille	r
1		VAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ROL	ite 1	, Box 91	A
Car	No		(1) 163, 317	- WAR OR DATES)	217-18-4	4370	Larry A. Bit	tting			ville, M	
		18. CAUSE OF D	EATH (Enter on	ly one couse per	line for (a), (b), and	d (c).)	A A					MATE INTERVAL ONSET AND DEATH
		PART I. DEAT	H WAS CAUSE	D BY:	Calloro	scul	en Acc	1 den	1			
			DAMAEDIA)			NCE OF						
		Conditions, if	ony, which	(,,,)	r as a conseque	NCEOF						
		gove rise to	immediate	10)								
		underlying co		DUE TO, OF	R AS A CONSEQUE	NCE OF						
		PART 2. OTHER	SIGNIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	PANINAL D	ISEASE OR CON	DITIONG	IVEN IN PART 1/2	
	20	2	olytu	1.0	1. Time	27.1.1	THE TENTE OF THE TE	INTERIOR D	ISEASE OR COIL	DIFFOR	IVEIA IIA LAKT TO	
	CERTIFICATION	190 DATE OF OP	7-7-7-7	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YF	ES, WERE FINDIN	NGS USED
4	FI							VE	MON []		IFYING CAUSES	OF DEATH?
	ER	21a. ACCIDENT WAS	S UNDERLYING	216. TIME O			21c. HOW INJURY OCC					110
1		OR CONTRIBUTING				Y YEAR	A CHAPTER ST					
7.0	MEDICAL	21d INJURY OC	MEDICAL EXAMINER) P./ 21e. PŁACE (19	211 LOCATION					
	ME	WHILE NO	OT WHILE		EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
			I WORK	hall attended the	a decembed from	- 17	27 68	6	12	- 14	19 6 6	
				t) view the body	deceased from	36 11	nd that in (my) (our) opinio	on death a	coursed on the d	nte and ha		that (I) (we) last
		obove (I) (w	e) (did) (did no	t) view the body	ofter death.		DEGREE				22c DATE	
u		1/2	In.	//			A CONTRACTOR	MED.	ICAL _ STA	FF		
		22d. PHYSICIAN"	S NAME UTOS O	PPRINT			-	DIRE	CTOR PHYSIC	IAN []	112-1	5-86
		Dr. Ban					Memorial Ho	-				
-							Medical Bui			rland	, Md. 2	1502
	23a. B	urial, cremation burial	ON, REMOVAL	236. DATE			EMETERY OR CREMATOR		LOCATION CITY OR TOWN		COUNTY	STATE
		Burial		12/17/3	86 Gr	antsv	ille Cemeter	rv G	rantsvil	le. 0	Farrett.	Marylan

DHMH - 16 60M 7/B4 (VRA 15, 4)

Grantsville, MD

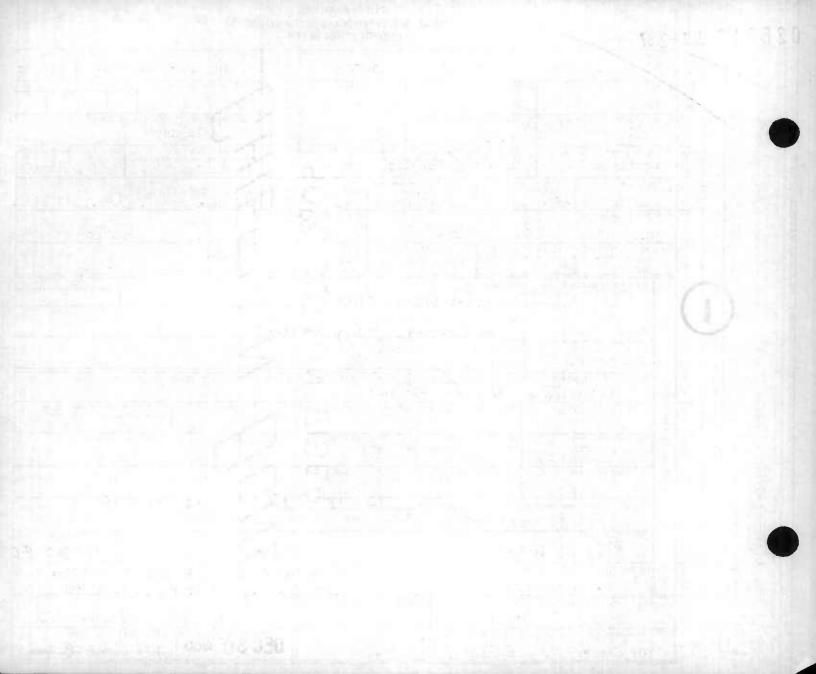
DATE REC'D, BY BEGISTRAR'S & REGISTRAR'S SIGNATURE



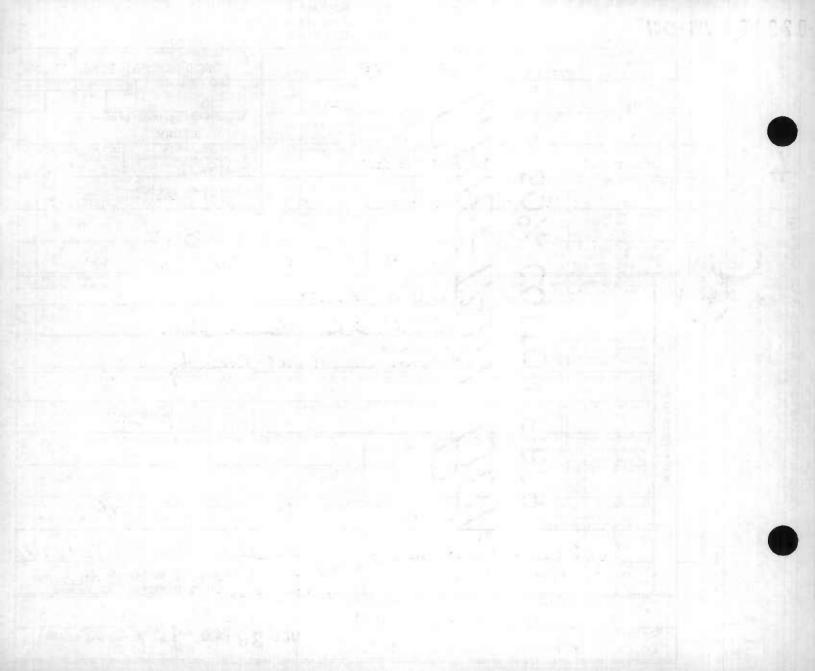
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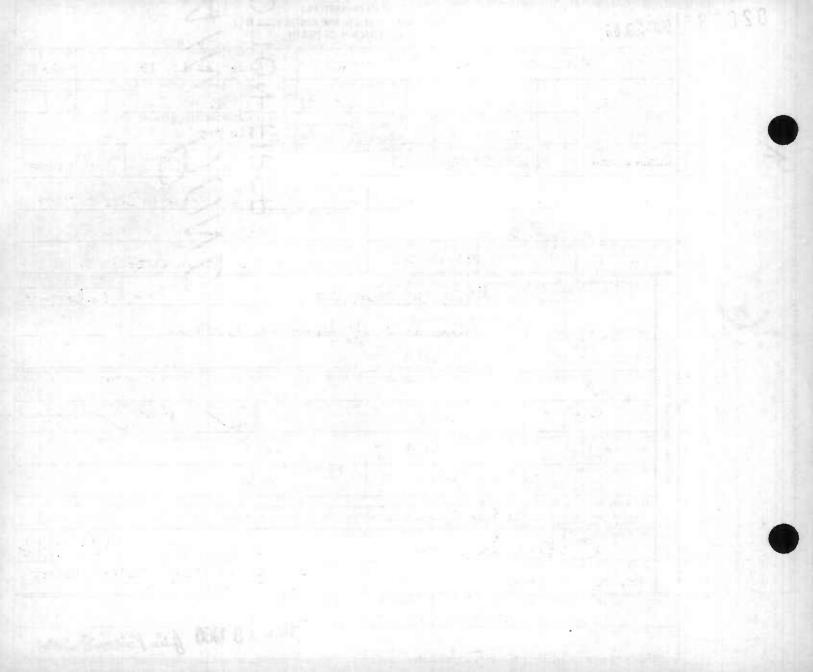
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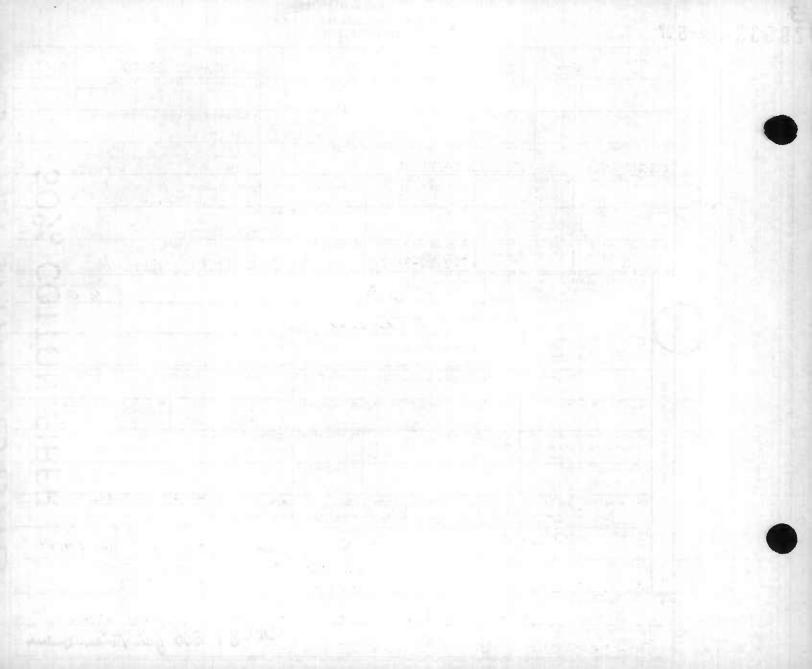
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE IL DECGASED NAME 20 DATE KNOWN MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-IF ANY DELAY IS NECESSARY, PLEASE 3, AND 31O THE FUNERAL DIRECTOR BETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS HECORDS, 201 W. PRESTON STREET, John Calhoun DEATH MATED X 19 86 18:00A YEAR 3 SEX 4 RACE 5 DATE OF BIRTH A AGE UN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) YEAR PRONOUNCED white 10-02-1926 male DEAD 19 86 9:35A 60 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! PA USA WIDOWED DIVORCED Allegany County,

126. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Route 3 Box 178-A Rawlings ret. welder railroad USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Allegany | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | NO [X] | Route 3 Box 178-A/21502 130. STATE 13c. CITY OR TOWN Rawlings 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, N MIDDLE LAST Charles Calhoun Mae Ketterman ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT IF YES GIVE WAR OR DATES! WW 219-14-5785 ves Mrs. Katie M. Calhoun, Rawlings, MD -APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 201 W. PRESTON ST Arteriosclerosis Cardiovascular Heart Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? FORWARDED TO THE CHIEF
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AND, 21201 PRJOR TO BURIA YES 🗌 NO | 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION 71d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAR DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram Natural causes Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** SIGNATURE EXAMINER'S NAME Dr. Francisco Reves Seton Drive, Cumberland, MD (TYPE OR PRINT) ADDRES: 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE Burial 01-03-1987 Restlawn Memorial Pk. Cumberland MD Allegany BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS **DHMH-17** (VR A15 ME (5)) James F. Scarpelli Cumberland. 15M 2/80

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AL OR A the house AL DIRECT detoched are Dept. IT: If them		22h SIGNATURE	Da	Nast	e	<u>~</u>	DEGREE ATTENDI PHYSICI	ING IAN	MEDICAL STAI	FF CIAN []	22 DATE	SIGNED SIGNED
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7 € 5 ÷ 3 ₹		BURIAL, CREMATION, RI	EMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR CREMAT		23d. LOCATION			
BP		Burial		12-16-1	986	Mt. Zi	on Cemetery	Suca	Short	Gap	COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME James F. Sca	arnel	li. Cumb	erlan		1502	A DATE R	C 8 1986 RAR	Sh REGIS	CALGORA SIGNAL	URE



3 129033 JAN-5	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENES 6 3	3 5 5 5
	I. DECEASED NAME FIRST	MIDDLE	LAST		AY YEAR 2b. HOUR
nay be poge 3	(TYPE OR PRINT) ROY	JACOB	CRITES	DECEMBER 28, 1986	5:45A _M
4 ma)	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS
ge 4	male	white	03-15-1913	73 YRS.	ONTRS DATS HOURS MIN.
2 hours	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deort Z	WV	USA	WIDOWED DIVORCED	D Allegany	MD.
ofter of the front	CUMBERLAND	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GR MEMORIAL HOS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TETITED	126. KIND OF BUSINESS OR INDUSTRY Petroleum Co.
212 212 4 in b be fi	USUAL RESIDENCE (IF NURSING HOME IS STATE 136 COL				T Tetroreum Co.
NND 24 S			Ley Ford YES NO &	13e STREET ADDRESS / ZIP CODE NONe / 26767	99991
RYL uthing 2 sh	14 FATHER'S NAME		15. MOTHER'S MAIDER		
MAR wed w	Jesse	Crites		Lorence Weese	LAST
ORE, wecut nd cc ges 1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	ALSECURITY NO. 17 INFORMANT	ADDRESS	
TIMO	No	220-	10-9187 Mrs. Ame]	lia L. Crites. Wilev	Ford. WV - wife
BAL Sole	18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	only one couse per line for (a),	(b), and (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,		ATE CAUSE (o)	CVA		9 days
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W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	NSEQUENCE OF		
s the		(c)			
DS, quire		CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 11a
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A Per lo	DH1			YES NOT YES	ING CAUSES OF DEATH?
VITA N: Ti nysicid roon Hype	2)a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
ON OF VI	OR CONTRIBUTING CAUSE OF D		TH DAY YEAR		
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OR A he hoss DIREC DIREC DOCKED I Dept.	22b. SIGNATURE	el lan	DEGREE ATTENDIN	IO MEDICAL CTARS	22c. DATE SIGNED
	9(10	0-6-0-7-0	PHYSICIA	N DIRECTOR PHYSICIAN	12/29/86
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TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Stote	DR. T. WILLIAM		CUMBERLAND		2
	230 BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
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DHMH 16 60M 7/84	James F. Scarpe	alli Cumbonla	DRESS ND 01500	THE 3 BY REGISTRAR 256 DEGISTR	Devider Randage
(VRA 15, 4)	odilics i . odathe	TII, CUMDELIA	HU, MD 21502		



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2 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	010	REGISTRAR FROSTBU	RG, MD	21532	CERTIFI	CATE OF DEATH	REG. N	10.		
		CEASED N FIRST		WIDDLE	LA	ST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
ge 3 earh		MAI	RY	VIRGINIA	DA	VIS		12 24	86	11:20 pn
OE B	1,58	X	4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
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		MARYLAND	U.S.	A.	WIDOWE		ALLE	GANY COU	NTY	MD.
1 1610	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME O	ROTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
10		CUMBERLAND		CRED HEART		ITAL	HOMEMA	CER	N WO	HOME
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or o	DL.		(c)_							
oires signe ten p b bury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS (CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN I	N PART 1:c	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. ffer this certificate has been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shews ony injury	CERTIFICATION	190 DATE OF OPERATION	TION CONU	DITION FOR WHICH O	DEDATION	I WAS DEDECORMED	20a AUTOPSY?	20b IF YES, WE	DE FINIDIN	IGS HISED
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TTEN ortal TOR for us of He		saw the deceased alive o above, (1) (we) (did) (did n			, on	d that in (my) (our) opinion				
A SO DIP = E		22b. SIGNATURE	ot) view the bod	ly ofter deoth.	, [DEGREE			22c. DATE	SIGNED
		Thomas.	Cork	~	Las	ATTENDING PHYSICIAN	MEDICAL STA	FF CIANITY		
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		DR. GARY L.	WAGONER	M.D.		925 BISHOP V	VALSH RD. C	UM BERLAN	D, MI	21502
of of state		BURIAL, CREMATION, REMOVA			AME OF CI	METERY OR CREMATORY	236 LOCATION			
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	24 F	UNERAL DIRECTOR			UNI	250 DAT	E REC'D. BY REGISTRAL	25b. REGISTRAR	SSIGNATI	
DHMH - 16 60M 7/84 (VRA 15, 4)		DURST FUNE	RAL HO	ME FROS	מזומת	MD DEC	3 1 1986	Julia De	ridon-7	Randale
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b. HOUR EASTON CHARLES ERNEST December 18/1986 4:15P 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MALE WHITE AUGUST 1929 Ta. BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland ALLEGANY S WIDOWED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MEMORIAL HOSPITAL Cumberland Laborer Construction Allegany 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP CODE Marvland Somerville Ave. 21502 Cumberland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Wilbur Easton Virginia Martin Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17 INFORMANT YES NO OR UNKNOWN) Korean 215-26-6218 Mary C. Easton same as above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and in PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)... DUE TO, OR AN A CONSEQUENCE Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause PART 2. OTHER SIGNINICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 9n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFIRE, FARME COUNTY 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. (my) pour) apinian death accurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) MEMORIAL HOSPITAL MEDICAL BUILDING Dr. H. Diener CUMBERLAND, MD 21502 230. BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Rest Lawn Memorial LaVale 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 John J. Hafer, Jr. LaValle, Maryland DEC 29 1986 Julia Devidson. Ra (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

(3)

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10		REGISTRAR				CERTIF	ICATE OF L	EATH	REG.	NO.		
DE	E DES	EART NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH		DAY YEAR	2b. HOUR
1	-	AND SHOWN	ROBERT	DO	NALD	EBE	ERSOLE	65.2	December	10,	1986	5:55 P _M
1	1. SEX	(4. RACE		5. DATE C			6. AGE (IN YEARS LAST !	SIRTHDAY)	MONTHS DAY	
,	/	Male		White		MONTH 1	20 20	23	63	YRS	S	S HOURS MIN.
Z		RTHPLACE (ST	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER A	AARRIED -	9 BALTIMORE CITY		ITY OF DEATH	
1		Pa.		US		WIDOWE	D 0	ORCED [egany		MD.
0		ty or town o umberla		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET 11 HOSPITA	ADDRESS)			120 USUAL OCCUPA (TYPE OF WORK FOR MOS'	T OF WORKING	G LIFE) INDUSTR	of Business or Y
7			IF NURSING TOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					C	1/3/2000
9	13a. 5	Pa.	Bec	lford	RD #4 Be	n edford	13d. INSIDE C	NO D	RD #4	Box 1		ord/15522
92	DE FA	Edwar	.a	MIDDLE	LAST			MAIDEN NAM	WIDDLE		Reigh	AST
×				enry	Eberso]			arrie			Reign	lard
5		VAS DECEASED res, no or unknov	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECL	IRITY NO.	17. INFORMA			RESS		
		Yes	WW I	I	300-18-79	918	Mrs. I	lary Eb	ersole RD	#4 E	Bedford,	
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		saw the d	leceased alive an		19	, ar	d that in (my)		death accurred on the	date and h		
		22b. SIGNATU	(we) (did) (plid no	it) view the bady	after death.		DEGREE				27¢ DA	TE SIGNED
d			Jus	nota	10		Ma A	TTENDING		AFF _	12	110/86
1		22d PHYSICIAL	N'S NAME TYPE S	R PRINT)			22e ADDRES	S	DIRECTOR PHYS			110/80
							THE PROPERTY	69 Gre	eene Stree			
-			S. Gupta						rland, MD	21502		
		SURIAL, CREMA SPECIFY)	TION, REMOVAL	23b. DATE	23c. h	NAME OF C	EMETERY OR	REMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
			urial	12-13			Co. M				Bedford	Pa.
		JNERAL DIRECT			ADDRESS	edford	l, Pa.	250. DATE	E REC'D. BY REGISTRA	R 256 REG	ISTRAR'S SIGNA	ATURE
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9 1 3 0 JAIA -	1. DE	CEASED NAME FIRST	72-1-1-1-1	MIDDLE	L	AST	20. DATE OF DEATH MONTH DE	Y YEAR	2b HOUR	
page 3	TITE	ART	HUR N	IEWTON	EL	KINS	DECEMBER :	18, 86	2:55P _M	
may r, pa	3. SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS	
s of		male	whit	e		18-26-1908	78 yrs.			
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人		Cumberland	(IF NOT IN SU	ACRED"	EART H	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) retired.	INDUSTRY	Education	
Zi hou	USU 130.	AL RESIDENCE (IF NURSING HOM	e or other institution	GIVE RESIDENCE BI	erland	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CORE	ey Roa	d/21502	
1 1017	14. F	ATHER'S NAME FIRST	ph H. Elk	inc		15. MOTHER'S MAIDEN NA/ FIRST	ary Ann Gay	LAS	ī	
1 1 1	16a	WAS DECEASED EVER IN U.S.		166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRESS			
	L	NO (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	217-10	-4169	Mrs. Alice E	lkins, Cumberland			
		18 CAUSE OF DEATH (Enter PART), DEATH WAS CA	only one cause pe USED BY:	line for (a), (b	and Ich	cecied pecus	4 7		MATE INTERVAL ONSET AND DEATH	
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NG PHYSICIA Offer this certification of the burieful of the burieful of the decident	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFF		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
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At Diffe Serviced in the hospital of the hospi		77% SIGNATURE	M	A. T. C.			MEDICAL STAFF	17 DATE	SIGNED .	
D HOSPIT Touried by O Funds Phould be on the Sh		224 PHYSICIAN'S NAME (1	YPE OR PR				DRIVE, CUMBERLANT), MD 2	21502	
RP RP	230.	BURIAL, CREMATION, REMO (SPECIFY) BUrial		1-1986		et Memorial Pa	23d LOCATION CITY OF TOWN TK Cumberland	Allega	nv MD	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 6	UNERAL DIRECTOR James F. Sca		ADDRI	SS	250 DAT	E REC'D. BY REGISTRAR 256 REGISTA	AR'S SIGNAT	URF	

OF BEADYS

...

11133 DECEMBER - 1.0 CE OF STREET

DEPARTA	STATE OF MARY! SENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE 8 6	3	3 0	1	en e
E	ţAST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOL	JR
. Fa	tkin Sr.		Decemb	er 29	,1986	4:3	30 J
	S. DATE OF BIRTH	TH 425	6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER	24 HR5
	March 9	.1923	63	YRS.	ONTHS DAYS	HOURS	MIN.
AT COUNTRY?	MARRIED NEVER		9 BALTIMORE CITY O	R COUNTY	OF DEATH	1	
		NORCED [Allega	ny			MD
PITAL, NURSIN CILITY, GIVE STREET BOX		NOITUTITE	120. USUAL OCCUPATION OF WORK FOR MOST OF TEXTILE	F WORKING LIFE	12b. KIND O INDUSTRY Celar		
RESIDENCE BEFORE		CITY LIMITS?	13e STREET ADDRESS				
rostb		NO X	Rt. 1,	Box 6	01. 2	1532	
	IS MOTHER	S MAIDEN NAM					

Joseph Fatkin Arella Blubaugh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Yes Same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CERTIFICATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

7 In ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

19a DATE OF OPERATION

21d INJURY OCCURRED

AT WORK

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART T OR PART 2)

STAFF

DIRECTOR PHYSICIAN

NO

20a AUTOPSY?

MIDDLE

CITY OR TOWN COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on above. (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) for

Franklin 4 RACE

White

U.S.A

Th. CITIZEN OF WH

Rt.

ATTENDING PHYSICIAN 22e ADDRESS

Cumberland.

Dr. R. Espina Dr. Seton Dr., .Fellina 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Vale STATE Summit, Vale Summit Cemetery Burial

24 FUNERAL DIRECTOR

V - STATE REGISTRAR DECEASED NAME

COUNTRY Maryland

130. STATE

MEDICAL

BIRTHPLACE ISTATE OF FOREIGN

USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION

136 COUNTY Allegany

MIDDLE

10 CITY OR TOWN OF DEATH Frostburg

Maryland 14. FATHER'S NAME

SEX Male

Durst Funeral Home, Frostburg, Md.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

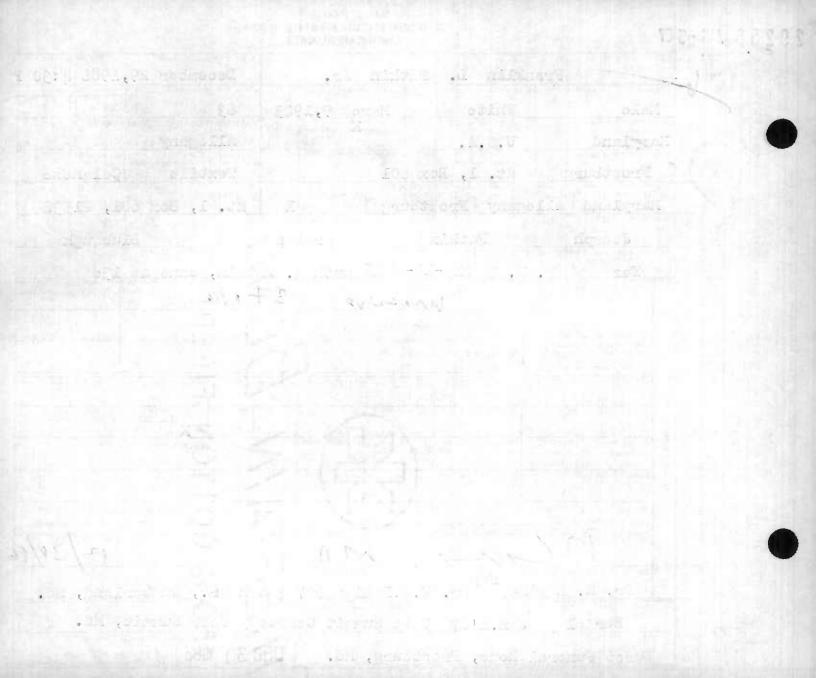
MEDICAL

DHMH - 16 50M 1/81 (VRA 15, 4)

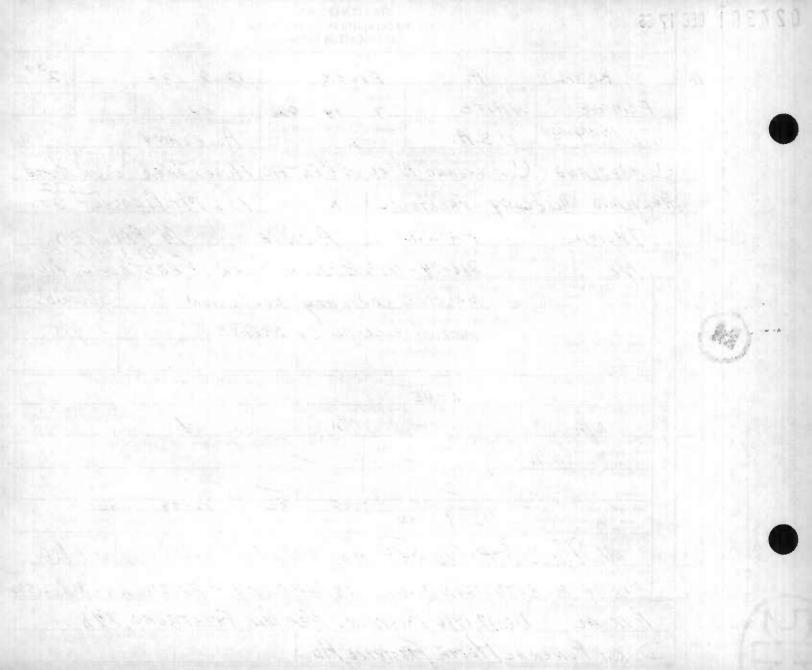
BP

old be deta FUNERAL

IMPORTANT



7361 DEC	17.	GGR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 6	3 3 3 / 3
		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	ONTH DAY YEAR 26. HOUR
S copy		Pearl	F.	FILER	12-9- 8	76 230
OE OF OF	3. SE	х	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		FRMALE	WHITE	7 14 00	. 84	YRS.
Podi Po	7a. B	COUNTRY) MANUELLE	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
deot	4	ale summet	U.S.H.	WIDOWED DIVORCED	1 HLLEGA	WY
in the second	10. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS II	NG HOME OF OTHER INSTITUTION	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
be not filed	C	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	VURSING CENTE	K HOMEMAN	ER OWN MAPLE
4 ho	100	135 COUN	ITY 13c. CITY OR TOV	VN 13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS	0 21532
1	17/	ATHER'S NAME	GANY PROSTA	YES NO D	NIAME	ILLASANT OT.
with plete	1	- FIRST	MIDDLE LAST	FIRST	MIDDLE	MC GAD LAST
Com	Ilán V	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRES	DT.3 BOY 106
ond oge			E WAR OR DATES)	8182 E.	Eine Go	RT.3, 130 × 106
the state of	-	//0	X/6-17-	OLISKUELYN,	TILER, TE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ficos physical pop ent.			ly ane cause per line for (a), (b), or DBY:	E CARMALARIA (replusion	SECONDS
1		IMMEDIAT	E CAOSE (d)	- Abbuttey	REALISIUN	3200033
		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	SELEROTIC OV D	VSEASE	20405
	1	gove rise to immediate cause (a), stating the) 10/			111
2 200		underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
a post		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE OR COND	TION GIVEN IN PART Ita
oga oga The injuri	S.		NONE			
1 4 1 0 0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
20 200	I E	NA		MA	YES NO	YES NO
Zid Dill BO	100 E-C	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIGHT AND MONTH O	DAY YEAR 216 HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
Sich Sich Sich Sich Sich Sich Sich Sich	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMPLE	P.M.	19		
A de to b	å	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 211. LOCATION STREET	CITY OR TOW	COUNTY STATE
NG The Office of		AT WORK AT WORK	1 -	71111		2 (2)
O O S T E		22a.1 certify that (1) (this haspi saw the deceased alive an	tal) attended the deceased from	JUNE, 19 8, and that in (my) (aur) apini	1	, mar (ii (we) it
ATT Out of to		obave. (If we) (did) (did no	ti view the badly affer death.		on death occurred an the day	e and haur and from the causes stated
A h h h		12h SIGNASURE	usles L	DEGREE	MEDICAL STAFF	226. DATE SIGNED
MA PARTY	1	224 PHYSICIAN'S NAME JUNE	100000000000000000000000000000000000000		DIRECTOR PHYSICIA	
TUNE PLANT				4.0	. / . /	and the state of
0 0 0 1 1		MARTIN Me		D. 48 BRUAD	WAY - FRO.	STBURG - MUC215
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR	CTT OR TOWN	COUNTY , STATE
BP	24.5	DURIAL DIRECTOR	DEC/2,1786 (1	KOSTBURG MEM-1	DATE REC'D. BY REGISTRARIZE	ORG, 175.
DHMH - 16 50M 4/82	14	NAME PARECTOR	A ADDRESS	Decree Un 250.1	TE (- D. BT REGISTRARY	D. REGISTRAR'S SIGNATURE
(VRA 15, 4)	1 -	WILKST I UNEN	ACIONE M	USIRELE FID.	The latest the second	



		FOR		DEPAI		TE OF MARYLA HEALTH AND A		IENE &	6 3	3	3	1 4
728321 000	00	STATE REGISTRAR				FICATE OF D			REG. NO.			
J Z U J Z 4 UEL		CASED NAME FIRST		WIDDLE		LAST		2a. DATE OF		DAY	YEAR	26 HOUR
poge 3	Live	TRPRINT) HARRY		WILLIAM	F	SHER			12	17	86	1954P M
to bod	3. SE		4 RACE	WILLIAM	S. DATE	OF BIRTH		6 AGE INY	EARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER 24 HRS
Se 4	M	ALE	WHIT	TE.	O,		15	-33	71 YRS	MONTHS	DAYS	HOURS MIN.
Po Po	7a BI	RTHPLACE (STATE OR FOREIGN		OF WHAT COUNTR	Y? 8			9 BALTIMO	RE CITY OR COUN		ATH	
oth.	· '	MARYLAND	US	SA	WIDOW	EDXX NEVER M	ORCED	ALLE	GANY COUN	TV		MD
de la	10. C	TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NUR	SING HOME		ITUTION	12a USUAL C	OCCUPATION	12b. I	KINDOI	F BUSINESS OR
5 6 6	CU	1BERLAND		RIAL HOSP					FOR MOST OF WORKING		USTRY OKOT.	CORP.
212	USU	AL RESIDENCE (IF NURSING HOA			ORE ADMISSION	1 13d. INSIDE CI	TV HIAAITCO		ADDRESS / ZIP CO		0/	1-
2 2 N			LEGANY	FLINTS			NO [BOX 190	DE C	1/1	030
RYLA within within	14. FA	THER'S NAME	WIDDLE	LAST	1111111	15 MOTHER'S			MIDDLE			
A Palable of		JAMES	H.	FISHER		AMANE	PIRST DA		MIDDLE	HERRI	ICK LAST	
BALTIMORE, MARYLAND set be executed within 24 cion and completely more. The medical executed min		VAS DECEASED EVER IN U.S	ARMED FORCE		CURITY NO.	17 INFORMAL	NT	141.50	ADDRESS	OME A	FATOTE	
Page Page	,	YES	W11	214-07	-3618	I. MYRT	LE FIS	HER RE	D# T BOX	UNBOP	IAKY!	LAND
BALT mercio appers		18 CAUSE OF DEATH (Ente	er anly one cous	e per line for (o), (b),	and (c).)					88	APPROAM TWEEN O	NATE WINERVAL
SI.,		PART I. DEATH WAS CA	DIATE CAUSE (c	()()_	nell	or a	west			_ u	win	odeste
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1 2 2 2 2 2		couse (a), stating the	DUE TO	O, OR AS A CONSEC	DUENCE OF		2					
ot w that that that or o			- 10	.)	X	-500	1)				ye	~
RDS, 2 equires n signe Then p r ta bur injury.	z	PART 2. OTHER SIGNIFICA	NT CONDITION	IS CONTRIBUTING T	O DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEASI	E OR CONDITION	SIVEN IN P	ART Ira	
been mit. If	ATIC	194 DATE OF OPERATION	119h CC	ONDITION FOR WHI	CH OPERATIO	ON WAS PERFOR	RMED	20a AUTC	PSY? 70b IF	YES, WERE	FINDIN	GS LISED
	CERTIFICATION	DATE OF OFERENO.	170.00	5.151110.110K	error Enain	JI W HOTEKTO	NWLD.	YES 🗆	INCER			OF DEATH?
N: The landscrape in the lands	ERT	21a. ACCIDENT WAS UNDERLYING		ME OF INJURY		21c HOW IN	JURY OCCURI		TURE OF INJURY IN ITEM		PART 2)	NO []
OF V		OR CONTRIBUTING CAUSE O	PUENTI	R A.M. MONTH P.M.	DAY YEAR							
SION O PHYSICI ending I this cert the burial of Mente	MEDICAL	21d. INJURY OCCURRED	21e PL	ACE OF INJURY		211. LOCATIO	N					
DIVISION OF DIVISION OF After this certile of the burial alth and Menta marked of them	×	WHILE NOT WHILE	(AT HOA	ME, STREET, FACTORY, OFFI	E, FARM, ETC)	STREET			CITY OR TOWN	COU	INIY	STATE
or or see of the more more more more more more more mor		22a.1 certify that (1) (figures h	ospital) attende	ed the deceased from	m	12-15	19 86	, to	12-17	, 19_8	-6	hot (we) lost
TTEN pital TOR far u of Hi		saw the deceased alimabove, H) (We) (did) (di	d not view the h	2-13	55	and that in (my) ((our) opinion	death accurred	d on the date and h	our and le	om the c	ouses stated
OR A DIREC ached Dept.		226 SIGNATURE	21.11			DEGREE					DATES	
At D At D detoc		2	1 seco	W.,		ma A	TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1	8 M	la PK
HOSPIT ined by FUNER buld be o		22d. PHYSICIAN'S NAME (1	YPE OR PRINT)			22e ADDRESS	5			7		
TO HOSPITAL retained by the TO FUNERAL should be detected with the Store		DR. ANTHONY	BOLLING)		MEMORI	AL HOS	PITAL	CUMBERLAN	D MD.		
7 € 1 2 3 3		SURIAL, CREMATION, REMO	VAL 23b. DAT	E 2:	It. NAME OF	CEMETERY OR C		23d LOCA		COUNT	,	STATE
BP		BURTAL	DEC	20 1986 S	UNSET I	MEMORIAL		CUMB	ERLAND AL			
DHMH - 16 60M 7/84		JNERAL DIRECTOR		ADDRES			DE		EGISTRAR 256 REG			JRE
(VRA 15, 4)		SILCOX-MERRIT	T FUNER	AL HOME C	UMBERL	AND MARY	TANDE	0221	986 Juli	Den	أسونا	finished

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			E OR PRINT)	Tra 1 to an	Te		177	ranklin		01	TE KNOWN			
	OR. URS. EET,	2.65		Walter		cob			Y		TH MATED	ם ט	ec. 2,986	171
	PIRECT PLE FOR FINANCIAL PLES POUR FINANCIAL PLANCIAL PLA	3. SE		VHITE	5. DATE OF BIRTH			ONTHS DAYS	HOURS A	MIN PRONC	DUNCED		2,1986	1708
	S NECESSARY PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. C. WITHIN 72 HOURS W. PRESON STREET.	7e. B	RTHPLACE (STATE	OR	76. CITIZEN OF WE	IAT COUNTRY		ARRIED NE	EVER MARRIED	, v	TIMORE CIT	-	JNTY OF DEATH	MD.
4	AY IS N		TY OR TOWN OF		II. NAME OF HOS	PITAL, NURSING GIVE STREET Heart	IG HOME, OR	OTHER INSTITU	JION I		CUPATION	(TYPE OF WO	RK 126 KIND OF OR INDU	BUSINESS
21201	ANY DEL	USU/ 13a S	AL RESIDENCE (# 11	NURSING HOME OF	OTHER INSTITUTION, GIV Y LEGANY	13c. CITY OR		13d INSIDE (CITY LIMITS?	3. STREET AD	DRESS Brac	ldock	Road	21502
MD. 2	T 423.22		ATHER'S NAME						ER'S MAIDEN					21702
RE, A	OF VIEW PER THE		FIRST	saac F	ranklin	LAST			Sarah	nmn	MIDDLE		LAST	
WO	PAGEN	16a. V	VAS DECEASED E	VER IN U.S. ARM	VAR OR DATES)		SECURITY NO	. 17. INFOR/	MANT		ADDR	RESS		
BALTIMORE,	AFTER SILVE PA		ES, NO, OR UNKNOWN	War	II	066180	0815	Mr.	Simon	B. Fran	nklin,	Cumb	perland,	Id.Son
ST.,	XECUTED WITHIN 24 HOURS, 46" IN PENCIL IN 1TEM 18, GLAL EXAMINER ALONG WITH BURAL - TRANSIT PERMIT PRAND MENTAL HYGIENE, DIVINATION, OR REMOVAL.		18. CAUSE OF D PART I DEATI	WAS CAUSED	E CAUSE (a)	IYOCARD	IAL IN	FARCTION	N			T.	APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
PRESTON	IN 17 IN 17		Canditions	if any, which		AS A CONSEC							1	
9.	WITHII NCIL I NINER TRANS VIAL H		gave rise	ta immediate	(D)			Y DISEA	ASE					
. 201 W	EXAM EXAM RIAL-T		lying couse I	ting the <u>under</u> - ast.	(c)	AS A CONSEC	DUENCE OF					1		
RECORDS	SHOULD BE EXECUTED SRD "FENDING" IN PR CHIEF MEDICAL EXAM E USED AS A BURIAL-IOF HEALTH AND MEDICAL CREMATION, C	NO	PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO OEATH	PUT NOT RELATED T	O THE TERMINAL O	ISEASE OR CONDITIO	ON GIVEN IN PART	1 (a).				
ITALRE	SHOULD ORD "PE CHIEF A E USED / TOF HE/	CERTIFICATION	19a DATE OF OP	ERATION	196 CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFOR	RMED?				20 AUTOP	
ON OF V	RE. THIS CERTIFICATE SHOUTE, WRITING THE WORK DRWARDED TO THE CHIEF PARTE DEPARTMENT OF D. 21201 PRIOR TO BUR		210. EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M	MONTH DA	Y YEAR	c. HOW INJURY	OCCURRED	ENTER NATURE C	OF INJURY IN ITE	M 18 PART 1 OF		
DIVISION	THIS CERT WARDED WARDED PAGE 3 SI TATE DEP	MEDICAL		URRED IOT WHILE T T WORK		OF INJURY (A ORY, FARM, ETC.)	т номе, 21	STREET		CUAO	RTOWN		COUNTY	STATE
•	CAMINE ERTIFICA IN ECTO WITH TH ARYLAN		22a. I certify the death resulted the ACTUAL SIGNATURE		e of the remoins des	Accident C	neld an A J, Suicide		Inspection of the cide of the	Undetermined MEDICALE	d monner	and in my	y opinion TE 12-2-	86
	TO MEDICAL ED EXECUTE THE CIPAGE A SHOULD TO FUNERAL DATER DEATH, N BALLMORE, W		EXAMINER'S NA (TYPE OR PRINT)	ME Giova	nni Mas			ADDRESS		eton Dr	ive,Cu			d.21502
	PAT	23a.B	URIAL, CREMATIO					Y OR CREMATO		23d. LOCATIO	4	C	COUNTY	STATE
07/84 25M	BP	74 E	Buria		12-5-1986	Kocl	cy Gap	VA Ceme	tery	Cumbe	rland	, All	egany, N	ld.
	DHMH - 17 (VR A†5 ME (5))	24.7			arpelli,	Cumber	land, Md	. 21502	DEC	05 19	86 Au	lia Da	S SIGNATURE	all .
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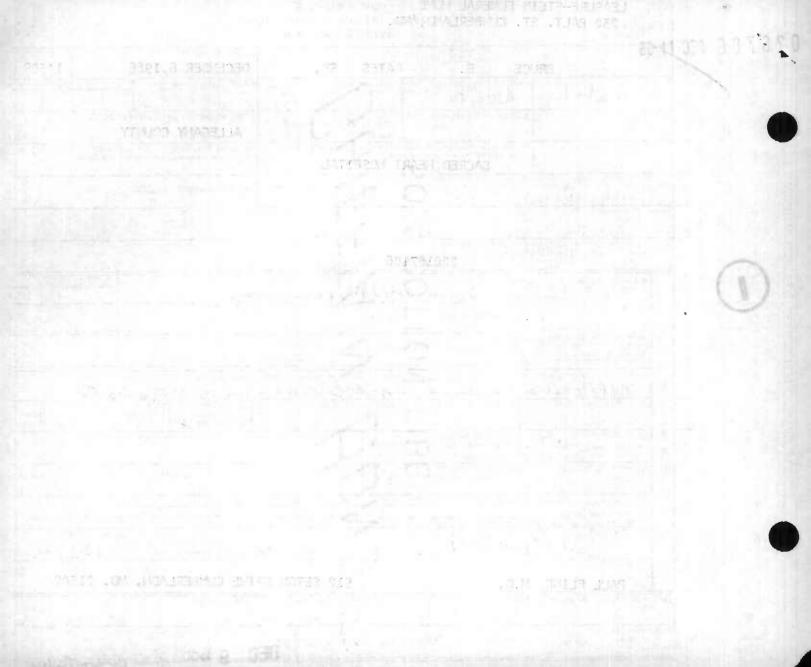
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		CEASED NAME FIRST OR P	WIDDLE	LAST		DATE OF DEATH			HOUR
1 000 / X	1.50	FRANK	1. RACE	GAGLIAN 15. DATE OF BIRTH		DECEMBER AGE (IN YEARS LAST BIRT	25. 198		:45P A
-		Male	White	Feb. 18		91	YRS.		DURS MIN.
deoth Fo		~Italy	U.S.A.	MARRIED WEVE	R MARRIED U	BALTIMORE CITY O		DEATH	MI
at the state of th	0	umberland	Sacred Hea	IRSING HOME OR OTHER IN ITT Hospita	STITUTION 12	Selof to Pap	loved 1	AND OF BURNES	JSINESS OF
filled in hould be must b	13 _M		other institution give residence e ITY 13c City or Lava	TOWN 13d INSIDE	,,,o	STREET ADDRESS	zp coof ale St	./2150)2
and within	14. FA	THER'S NAME	orio Gagli		r's maiden name sephine	WIDDLE		Papl	Le
ician and ca bers. Pages 1 bl.	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL S	security No. 17 INFORM		aker-Rt.	ssRidge 2. Box	lev W	Va
been signed brown. Then plear prior to burnor my injury, or other	CERTIFICATION	underlying cause lost. PART 2. OTHER SIGNIFICANT C				AL DISEASE OR CONI	70b. IF YES, WE	ERE FINDINGS	USED
W 6) 41	E					YES NO	YES [G CAUSES OF	IO [
The land	T iii	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	INJURY OCCURRED	(ENTER NATURE OF INJUR	RY IN ITEM IB PART I	OR PART 2)	
N. The		(IF EITHER, NOTIFY MEDICAL EXAMINER	P,M,	19					
HYSICIAN: The ading physicic is certificate buriol-transit i Mental Hygia or frent/8 sha	MEDICAL		21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	21f. LOCA	TION	CITY OR TO	WN	COUNTY	STATE
TENDING PHYSICIAN: The or attending physician or other this certificate or use as the buriol-transit of Health and Mental Hygist is marked at them 18 sh		(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 22a.1 certify that (1) (this hospil sow the deceased alive an obove, (1) (we) (did) (did no obove, (1) (we) (did) (did)	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM. ETC.) 21f. LOCA STR am 19 , ond that in (m	, 19	city OR to	, 19	, that	(I) (we) los
NDING PHYSICIAN: The later this certificate use as the buriol-transit feelth and Mental Hygist marked or trem's should be is marked or trem's should be is marked or trem's should be in the myster or trem's shou		(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHIE NOT WHIE ALL WORK 22a. I certify that (I) (this haspii sow the deceased alive an	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF tol) attended the deceased from the body offer death. The street of the body offer death.	FICE, FARM, ETC.) 21f. LOCA STR	, 19	, ta	. 19_ ite and haur onc	, that	(I) (we) los

Deryland Willsman [Lavez] | Lavez | Lavez | Vertell Yes a the columns of that seconds of the columns of Tank of trail with metal SOFT TOTAL TO A CONTRACT OF THE PARTY OF THE Color Caller 1 Louis Da 1981 - Color Silvi I Louis Color Million Color Silvi I Color Caller Caller Color Caller Ca

DIAS A ANNHUSIAN SPORTERING THOSE X Cun -12-21

7.6	the	REGISTRAR PASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 120 DATE OF DEATH MONTH D	AY YEAR	n
10.00	Tim	OR PRINT)	Elaine			AT TEAR	2b. HOUR
100	-		UCE E.	GATES SR.	DECEMBER 6,1986		1:50P,
10	3. SE	Male	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	ONTHS DAYS	HOURS MIN.
To a constant	_		Negro	Sept. 16, 1928			
100	Je Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
Ti-		ryland	U.S.A.	WIDOWED DIVORCED	ALLEGANY COUNT	Y	MI
3	10. C	TY OR TOWN OF DEATH	LIE NOT IN SUCH FACILITY GIVES	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE		F BUSINESS OF
30	Cı	mberland		EART HOSPITAL			
40	USU. 13a. 1	AL RESIDENCE (# NURSING HOME CO	R OTHER INSTITUTION, GIVE RESIDENCE B		13e STREET ADDRESS / ZIP CODE		
10	Mā	rvland Alle		erland YES NO [308 Magruder	St	21502
101	14. F/	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST	
00		Lawrence	J. Gate		77		hens
00/		VAS DECEASED EVER IN U.S. A			ADDRESS		arens
1/			1-53 22010	7106 Roberta E.	Gates same	as 13	2-0
ě.			nly ane cause per line for (a), (b		Gates same		MATE INTERVAL
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ge 4 may	rs ofter de	3. SE	x female	4. RACE White	5. DATE C	DF BIRTH 38-28-1913	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER I YEAR IF UN MONTHS DAYS HOU	DER 24 HRS
leath. Pag	1 72 hou		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIE		9 BALTIMORE CITY OR COUNT ALLEGANY	TY OF DEATH	MD.
rs after d	The second secon	1	TY OR TOWN OF DEATH Cumberland	1). NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Sacred Hea	rt Hospi		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) NOUSEWITE	12b. KIND OF BUS INDUSTRY OWN hor	
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ST., BA	removol c event, t		PART I. DEATH WAS CAU	only one couse per line for (a), (SED BY: IATE CAUSE (o) RE	SPIRATI	DRY FAIL	URZ	APPROXIMATE II BETWEEN ONSET	AND DEATH
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mARYLU mpletely orderst		THER'S NAME FIRST George	WIDDIE	Andrews		15. MOTHER'S MAIDEN NA FIRST Mary		Shaw	LAS	Τ,
ALTIMORE, te be execut cian and ca ers. Pages 1 il. the medical		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	220 03 7	936D	Mrs. Mildred	l James	ADDRESS Lonaconi	ng, Md.	21539
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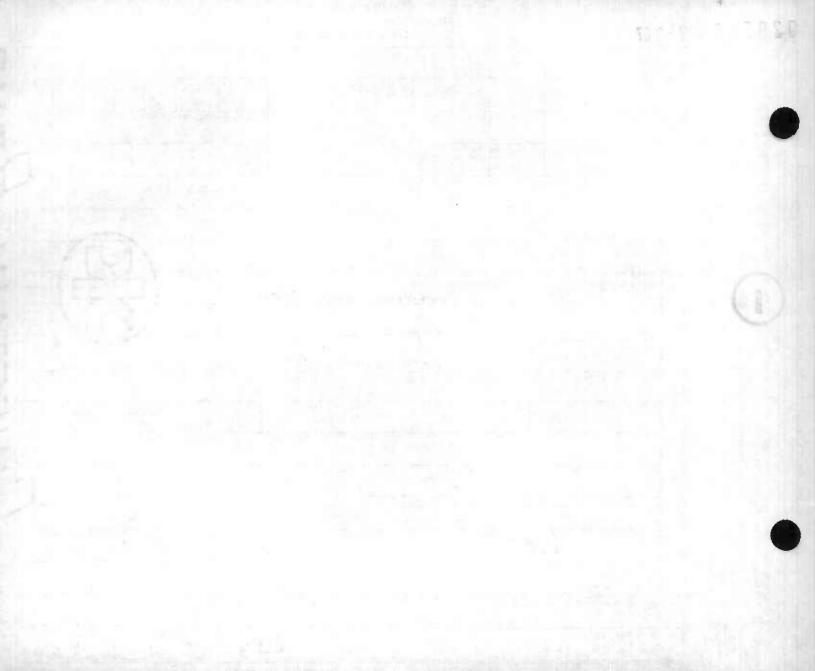
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	Scarpelli Funeral Home STATE OF MARYLAND 108 Virginia Avenue DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 3 5 8
29587 JAN	Cumberland, Md. 21502 CERTIFICATE OF DEATH REG. NO.
nay be page 3 rr death	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) Charles Henry Gross December 28, 1986 02:40A
tor, po	3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) 1 FUNDER 1 YEAR IF UNDER 23 HRS. MONTHS DAYS HOURS MIN.
rth. Poge 72 hours	78-BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH
offer dec	10. CITY OR TOWN OF DEATH Cumberland USA widowed □ divorced □ life garry outlity M.
24 hours filled in b outd be fill	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. STATE MD 13d. COUNTY Allegany 13d. INSIDE CITY LIMITS? YES NO 10 Humbird Street/21502
ompletely ord Zsh	Humbird C. Gross LAST Fannie M. Roby
n old co	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO OR UNKNOWN) (IF YES, GIVE WAR ORD ALES) 216-22-6190 Mrs. Mary Wilburn, Mt. Savage, MD - siste
requires that the death or an signed by the attending Then please remove tarth or to burial, cremartant ar- injury, or other froumatic	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. Conductions of any, which gove rise to immediate couse (b). Venturely any form of the terminal disease or condition given in part 110. Conductions of any, which gove rise to immediate couse (b). Venturely any form of the terminal disease or condition given in part 110.
N: The law rysicion. reate has bee ronsit permit Hygiene prio	Condition of the condition for which operation was performed 196 Date of Operation 196. Condition for which operation was performed 200. autopsy? 206. If yes, were findings used in Certifying Causes of Death? Yes NO Yes NO Yes Yes NO Yes
IG PHYSICIAN ottending phy ter this certific is the buriol-true to and Mentol true the dor Hemilian	OR CONTRIBUTING CAUSE OF OFATH (IF EITHER NOTIFY MEDICAL EXAMINER) 7. Id. INJURY OCCURRED 7. Id. INJURY OFTOWN 7. STREET COUNTY 7. STREET 7. OCCURRED 7. Id. INJURY 7. Id.
ATTENDIN sspital or ICTOR: Afi d for use o d for use o m 21 is mo:	220.1 certify tho (1) (this hospital) attended the deceased from 12/26, 19/26, to 12/26, 19/26, the ((we) los sow the deceased alive on the deceased alive on the dots and hour and from the causes stated above, (1) (we) (did) (rid not) view the body after death.
by the hore by the hore by the hore e detocher state Depti	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY
TO HOSPITAL retained by th. TO FUNERAL Is should be detoo with the State IMPORTANT: If	Dr. Anthony Bollino 955 Frederick Street, Cumberland, Md. 215
BP	Burial 12-31-1986 Sunset Memorial Park Cumberland Allegany MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	James F. Scarpelli, Cumberland, MD 21502 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

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. ne	(TYPE OR PRINT)	RST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
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IMORE.	(YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? 16b. SOCIAL SECU YES, GIVE WAR OR DATES) 22016572	1 7 7 7 7 7 7	.th Keyser, W. Va.	26726
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moy be , page 3	(TYPE	OR PRINT)	LEONA		ROSEI	.TA	HARPER	r	DECEMBER	17	1986	8:20PM
you book	3. SE			RACE		5. DATE	OF BIRTH	6	AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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TIMO Pe		YES NO OR UNKNOWN)			213-22	2-4371	CHARLES	HARPEF	R JR 130	O BEDFO		JMBERLANI
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hat the death certifulation by the attenual places remove content by cremation, or enter traumer other traumer.		Conditions, if ony, gove rise to imme couse (a), stofing underlying couse	which (DUE TO, C	Sudden OR AS A CONS	SEQUENCE OF	chmia; Au Left Bur eriosclær	ndle E	ranch E	Block		
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TTOP for to of H	1	sow the deceased	olive on_	12/	ofter death.	19_ 86	nd that in (my) (our	r) opinion de	oth occurred on	the date and h	our and from the	couses stated
OR A bolkEd bolkEd bept.	2	226 SIGNATURE	-)			DEGREE		forman.		22c. DATE	SIGNED
At the At deto		Mus	un	×/*>	new		PHY	SICIAN E	MEDICAL DIRECTOR PI	STAFF HYSICIAN [12/	19/86
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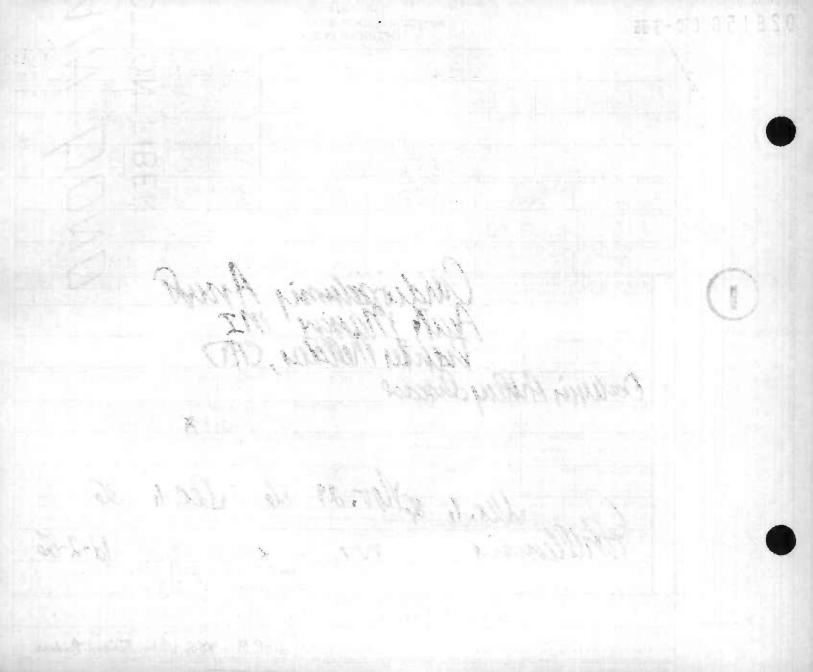
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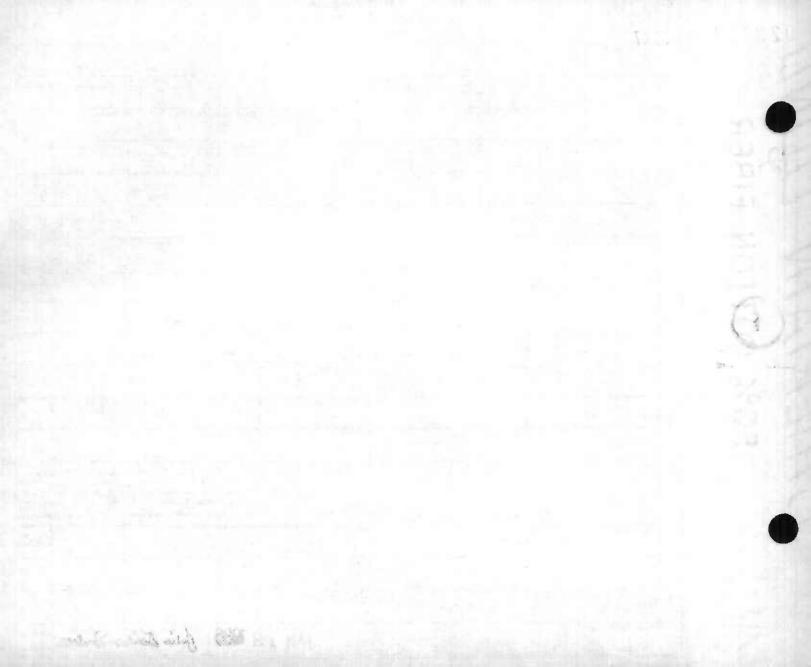
6 1 5 6 DEC	15 SEC IST	TAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 3 3 8 5 CERTIFICATE OF DEATH REG. NO.							
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75 Page 75	PENNA	100	EDFORD	ARTEMAS		YES NO K	RFD# 1DDRESS	60XF 125	99999		
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28 23 S	734 BURNAL C	T. W:11 REMATION, REMOV BURIAL		1986 FA	NAME OF C	EMETERY OF CREMATORY W CHRISTIAN CE	734 LOCATION		RD PA.		
OF O SOM 7/84 (VRA 15.4)	SITO		T FUNERAL	SERVICE	CUMBI	ERLAND MARYDA	© 3 1986	Julia Dende			



							E OF MARYLAND	AL UVCU	ENE 8 6	3	3 0	ල් ර
9 1 8 JAN	-b-	GIS GUMBERL	AND M	STREET	DEPAR		HEALTH AND MENT				49	100
		EASED NAME	FIRST	2150	MIDDLE		LAST		REG. NO 20. DATE OF DEATH		Y YEAR	2b HOUR
2 25 /	TTIP	GFC	RGE		JOHN	HETA	RICH		DECEMBER 2	2 1000		2:08 PM
20 6	1. SE			RACE	00184		OF BIRTH		AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
of a start	Mo	ile		White		Oct		E AR	72	YRS.	NIHS DAYS	HOURS MIN.
11 10	Je B	RTHPLACE INTATE OFF	DREIGN 76		WHAT COUNTRY	0 0	DE NEVER MARRI	-	BALTIMORE CITY O		F DEATH	
CT 39		vruland	377	U.S.A.		WIDOW			ALLEGANY C	OUNTY		MD
53	11	ity or town of DEA		I. NAME OF	HOSPITAL, NURS		OR OTHER INSTITUTION	ION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Kelly-Spra	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
1		AL RESIDENCE (IF NURSI									u ivie	Compan
2%	M	ruland	Alle		Cumber		YES X NO		12216 Fall		S (1)	/ 21502
1		THER'S NAME			Camber	uriu	15. MOTHER'S MAIL	-	E	- AVE.,	_ 3.w.	7 21302
1/		George	MI	DDLE	Heinr	ich	Franc	es	MIDDLE		Schul	tz
8		VAS DECEASED EVER I			166 SOCIAL SEC		17. INFORMANT		ADDRE	ŠS		
Dec	(NO NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	217-10-	-7479	Mildred H	teinr	ich-Address	s same	as #13	3 above.
4"		18 CAUSE OF DEATH	(Enter anly	ane cause pe	r line for (a), (b), c	ind ici.	+				BETWEEN	MATE INTERVAL
100		18 CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PRETUREN ONSET AND DEAT IMMEDIATE CAUSE (a)										
N N		DUE TO OR ASSA CONSEQUENCE OF										
1		Conditions, if any, which (b) Chip Chip Chip Chip Chip Chip Chip Chip										
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othe		underlying cause last DUE TO, OR AS A CONSEQUENCE OF La rest (H, I)										
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ujou	N Q								THE DIDEAGE ON CONT	DITION GIVE	THE PART THE	
1	AT	14a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHIC	HOPERATIO	N WAS PERFORMED)	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED
0×	CERTIFICAT								YES NO NO	YES	NG CAUSES	OF DEATH?
-	H	21a. ACCIDENT WAS UND	ERLYING	21b. TIME C			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PARI	I I OR PART 2)	
7	4	OR CONTRIBUTING C			.M. MONTH I	DAY YEAR						
2/	MEDIC	21d. INJURY OCCURR		21e. PLACE	OF INJURY		21f LOCATION					
2	M	ATTENDED TO WHI	LE 🔲	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC]	STREET		CITY OR TO	WN	COUNTY	STATE
0				Dettended th	enderensed from	- Nov	. 10	86	Dec. 22	16	86	that (I) (we) last
20		220.1 certify that (1) saw the decease				80			eath occurred on the de	ate and haur c		
6	-	abave, (1) (we) (d	(did not)	view the bady	after death		DEGREE	-			22c. DATE	
#	1	ATTENDING MEDICAL STAFF								FF _		3-86
3-7		22d. PHYSICIAN'S NA	Bere ME LIVES OR S				PHYSIC 22e. ADDRESS	ICIAN	DIRECTOR PHYSIC	IAN	122	200
ORT /		12.22					100					
4	_	URIEL VEL					1 924 SETO	DN DR	IVE, CUMBER	M, DVALLS	D 2150	12
131	HODE I	BURIAL, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR CREMA		23d LOCATION CITY OR TOWN		COUNTY	STATE
-	150	vrial		12-16-			Memorial F		Cumberland	t-Allec	gany-Mo	aryland
7/84	24 F	UNERAL DIRECTOR GO	corge-	Upchur	ch Funer	al Hon	ie, P.A.	DEC	30 1986	256 REGISTRA	R'S SIGNAT	URE
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	00	, 0,		ECEASED NAME	FIR5T		MIDDLE		AST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
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17	CA	C =	10.1	CITY OR TOWN OF DEA		(IF NOT IN SU	CH FACILITY, GIVE STREET	(ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT	OF WORKING LIFE		F BUSINESS OR
138	E S	10		Cumberla			d Heart H		al (DOA)	housewi	fe	own	home
hou	d in	og .	130	JAL RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION	134 CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	- 111	
24	filler	2	1	MD	Alle	egany	Cumbe		YES X NO	568 Cr	omwell	Terrac	e/21502
t,	2 sh	-	, 14 F	ATHER'S NAME					15 MOTHER'S MAIDEN NAM	ΛĒ			
3	nple	Cal	/	Char	les H.	Plumm	er		FIRST F1	izabeth Wa	de	LAS	oT .
cute	5 1 8	0	160	WAS DECEASED EVER				URITY NO.	17. INFORMANT	ADDI			
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cot	hysic	nt, t		18 CAUSE OF DEATH	H (Enter only	ane cause pe BY.	er line far (a), (b), a	nd (c	+.0			BETWEEN	MATE INTERVAL ONSET AND DEATH
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Ü	and n	be. η		PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM				a
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ING PHYSICIAN: The low requ	beel mit.	prior	N S	190 DATE OF OPERA	TION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
e e	hos t pe	Shows	F	W						YES NO		TING CAUSES	NO []
	ysici	or item 18 sho	7 8	210. ACCIDENT WAS UND		216. TIME C			216 HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18 P/	ART 1 OR PART 2)	
CIA!	ntife ol-tr	To E O	1	OR CONTRIBUTING (,	.M. MONTH D	AY TEAK					
PHYSICIAN	attending physici er this certificate s the burial-tronsi	or Item 18	MEDICAL	21d INJURY OCCURE		21e. PLACE	OF INJURY		211. LOCATION				
4	the the	ond ked o	N X	WHILE NOT WH	IILE 🗍	(AT HOME 51	TREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
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Z.	DR:	He s		22a.1 certify that (1) saw the decease		12/1	5 10	26-1	nd that in (my) (our) opinion o	leath accurad as the	data and how	19 <u>6</u> .	that (I) (we) last
ATTA	RECTOR	t. of		above, (1) (we) (a	lid (did not)	view the bad	y after death	, 0		earn occurred an the o	Jore and nour		
O. S.	e h	Dep f he		22b. SIGNATURE	1- 1	7			DEGREE ATTENDING	MEDICAL _ STA	A C C	22c. DATE	
IA.	y th	40		5	(21	an			PHYSICIAN E	DIRECTOR PHYSI	CIAN	12/	29/85
SPIT	FUNERAL	TANT		22d. PHYSICIAN'S NA	ME (TYPE OR I	PRINT)			22e ADDRESS				
H	TO FUN	with the Stat		Dr. Th	addeus	H. El	der, M.D		Memorial H	ospital Med	dical F	Blda Cu	mherland
5	sh T	3 3	230	BURIAL CREMATION		23b. DATE			EMETERY OR CREMATORY	23d LOCATION			
F	3P			Burial		12-31	-1986 G	reenmo	unt Cemetery	Cumbon 1	and Al	COUNTY	STATE
100		Fig.	24	FUNERAL DIRECTOR		12-71	1700 [0]	.ceriiil		REC'D (VORGISTRA)		Legany PAR'S SIGNAT	
DHA		50M 7/84		NAME	oonool	1: 0	ADDRESS	MO	F MARI	2 400 4	the do	dern Ren	docas :
	(VRA 15	2, 4)		James F. S	rather	II, UU	mperrand,	_MU 2	1502	0			All Carlotter



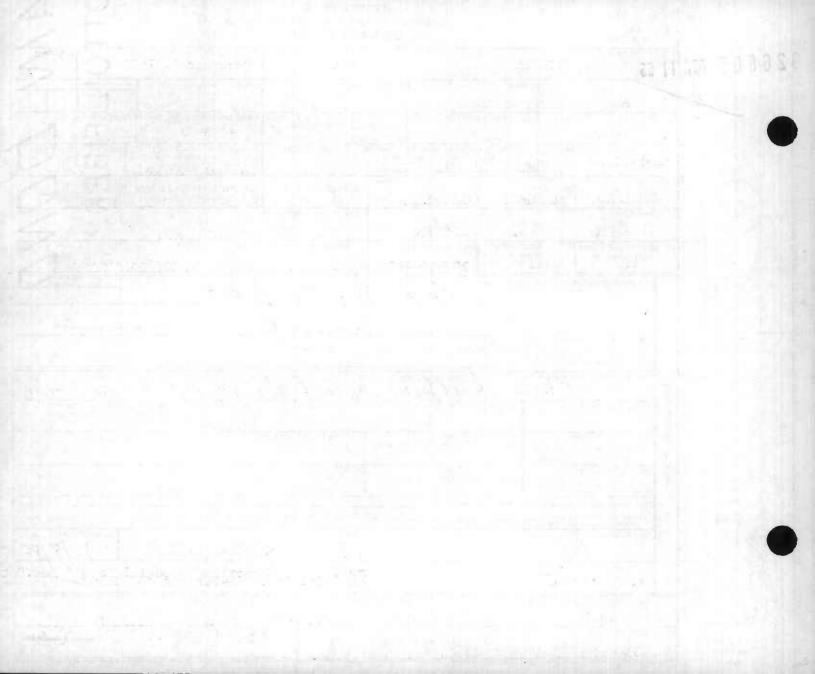
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0 2 0	765 DEC		REGISTRAR	No.	MEI		EXAMIN	ER'S C	ERTIFIC	CATE OF	DEATH	REG. NO.			
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	TOR. CTOR. OURS. OURS	-		JESSI	E	FRAN	KLIN		JACO	BS	DEATH	MATED	12/5	1986	4:30
	10 17 1 T	D. SE	4 R/		DATE OF BIRTH	YEAR	& AGE (IN YE		DER 1 YR	IF UNDER 24		1050	MONTH	DAY YEAR	24 HOUR
	DIRE N	M	ALE WH	ITE	6/13/0	5	814		DAYS	HOURS	PRONOUT		5/86	19	A
	ECESSAR INERAL FOR YOUR MITHIN		RTHPLACE (STATE C	or 76	CITIZEN OF WH				ED TX NEV	/ED AA ADDIED	9. BALTIN	ORE CITY OR	COUNTY		
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	PAGE (10 C	TY OR TOWN OF D	EATH II	. NAME OF HOS			, OR OTH	ER INSTITUT	TION	20. USUAL OCCU FOR MOST OF WOR	PATION (TYPE OF	F WORK 12	OR INDUSTR	SINESS
	30000		ROSTBURG	1	98 W. C	OLLE	GE AV	ENU	3		FIRE M.	ARSHAL	L	STATE	
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21201	A A H O H	1	MARYLAND	ALLEC	ANY	FRO	STBUR	G	YES X	NO 🗌	98 W		EGE	AVE.	
Š	T S S	14. F	ATHER'S NAME	N	UDDLE		TAST		15. MOTHE	R'S MAIDEN	NAME	IDDLE		1467	
BALTIMORE, MD.	AND - 3 - 0		STANL	EY		J	ACOBS	l k	0	LIVE		HODIE	J	ACOBS	
W OW	E ASSES	16a \	VAS DECEASED EV	ER IN U.S. ARMED	FORCES?	16b. SOC	IAL SECURIT	Y NO.	17. INFORM		FROSTBU	JR PRESSM		532	
ALT	12 12 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1		es, no, or unknown)	(IF YES, GIVE WAR	A	213	-05-7	153	MRS.	JESS:	E JACOH	35.98	W. C	OLLEGI	E AVE
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Ō	ALO ALO			BroneDiate	DUE TO, OR										
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201	DIED WIN PEN W	1	lying cause la	st.	(4)								7 4		
DS,	ANGE	100	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CON	FRIRUTING TO DEATH 1	OUT NOT BELA	TED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART 1	l in				
RECORDS	PENDING PENDING PENDING PENDICA PENDIC	Z		7						, , , , , , , , , , , , , , , , , , , ,					
- M	30 OF : 40	CERTIFICATION	190. DATE OF OPE	RATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORA	MED?				2D. AUTOPSY?	
DIVISION OF VITAL	SHOULD ORD "PR CHIEF A E USED. TOF HE	분	5077		3.51									YES 🗆	NO X
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	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIEN	IE & 6	3 3 0	9 0
026:865 050	1. DECEASED NAME	WILLIAM	MARION	KREGE		December 6,	L986	2b. 7.248 Am
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AND 213	MARYLAND	URSING HOME OR OTHER INSTITUTE 13b. COUNTY ALLEGANY	13c. CITY OR TOW CUMBERL	AND YES 🔯	NO [] 31	e.street address / zip (08 NORTH WAVE		CE
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STATE OF MARYLAND

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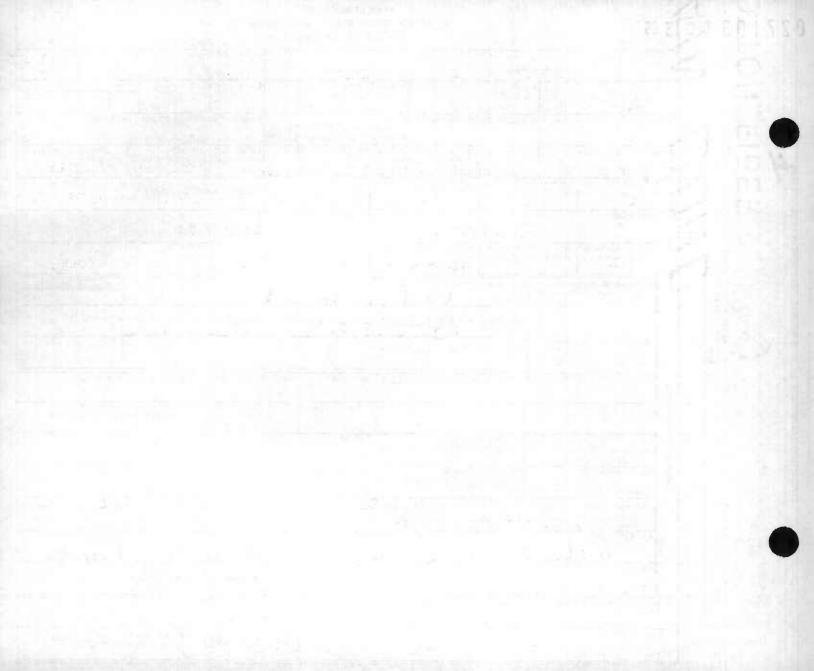
George-Upchurch Fun'l. Hm. Cumb., MD

(VRA 15, 4)

STATE OF MARYLAND

- Customany (M. Alisco)

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noy be poge 3	3. SE		4 RACE	C	5. DATE C		December 6. AGE (IN YEARS LAST BIR		RIYEAR IF UND	DER 24 HRS
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4 5 4 6 A	10. C	ITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI		KIND OF BUST	INESS OR
4 5 550	С	umberland		Lal Hosp		& Medical Cen	(TYPE OF WORK FOR MOST C	tired IND	textil	е
NO PHYSICIAN: The low requires therms dean certificate be executed within 24 hours restanding physician. The state certificate has been signed by the other diagnostic physician and completely filled in both but of which permit. Then please is nowe garbon papers. Pages I draw a should have a shown and I will be filled in the ond Mental Hygiene prior to buriall (stem and or removal.) The state is a shown any injury, or other troumatic event, the medical examiner have the corked or term 18 shown any injury, or other troumatic event, the medical examiner have the		AL RESIDENCE (IF NURSING HOME COTATE 136 COL	OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?		ZIP-CODE	(2.7.5	
C = 22		MD Al.	legany 13	Cumberl	and	YES NO	13e STREET ADDRESS . 28 SOMETV	ille Aver	nue/215	02
within salah	14. F/	ATHER'S NAME	orge Leid:	LAST		15. MOTHER'S MAIDEN NA/	we Sarah Rompt	,	LAST	
ompie							Saran Kumpi			
Poges medico		VAS DECEASED EVER IN U.S. A YES, NO OR HINKNOWN) (IF YES, G	IVE WAR OR DATES)	b SOCIAL SECU		Mrs. Margare			herland	1 MD
Pe Po				214-07-2		MIS. Margare	C L. Leidi	<u> </u>		
hysic pope ovol	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per lin ED BY:	()	•	- 0 -			APPROXIMATE IN BETWEEN ONSET A	ND DEATH
certif bon ceve		IMMEDIA	ATE CAUSE (0)	- Can	die	e leiner				
rend on, o	-	Conditions if you 11st	DUE TO, OR A	S A CONSEQUE	NCE OF	0.0	0.10.	0.		
otter otter over emotion		Conditions, if ony, which gove rise to immediate	(b)	الراقل تعم	and a	Course	Carrier St.	aura		
of he of he		cause (0), stoting the underlying couse fost	DUE TO, OR A	S A CONSEQUE	NCE OF			134 6 6 7		
ned plee		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN I	PART No	
equire	NO.									
be prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	E FINDINGS US	SED EATH2
he lo	FIE		20 20 00				YES NO	YES [
hysicio ricote Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF I		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)	
ding physic lans is certificate buriol-tran Mental Hyprotherm 18 stem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN			19				14.65	
PHYS sndir this e bu	NED!	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, F	ARM. ETC.)	21f. LOCATION STREET	CITY OR TO	wn co	UNTY	STATE
or offen Affer th e os the morked o	~	AT WORK AT WORK								11.1
L or Lord		220.1 certify that (1) (this has			11.3	0 19.66	, 10 12 ,			(we) lost
TTER Pipito CTO CTO For of H		sow the deceosed olive of abave, (1) (we) (did) (did n	not) view the body of	ter deoth.	36-,01	nd that in (my) (our) opinion (deoth occurred on the d	ote and hour and f	rom the couses	stated
OR A DIREC Oched Dept.		22b. SIGNATURE				DEGREE			c. DATE SIGNE	D
Al Dal Dal Dal Dal Dal Dal Dal Dal Dal Da		Cerella	6 /ce	un	in	ATTENDING PHYSICIAN	MEDICAL STA		12/1/2	26
SPIT d by NER be o Ste	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS 441	N. Centre S	treet		
TO HOSPITAL retoined by the TO FUNERAL should be detroined to the Store with the Store IMPORTANT: I		Dr. William H	P. Iames				rland, MD 2			
5 € 5 € ₹ ₹	23o.	BURIAL, CREMATION, REMOVA		230 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			44
BP		Burial	12-8-19	986 Da	avis M	Memorial Park	Cumberla	ind Alle	gany M	STATE 1D
		UNERAL DIRECTOR				ZSa. DAT	E REC'D. BY PERISTRAR	25h DECUSTRADIC	CICOATI DE - A	
DHMH - 16 60M 7/84 (VRA 15, 4)	5	carpelli Funer	al Home, (Cumberla	and, M	1D 21502 HEL	0 3 1300 A	ha Danders	de Carrer an	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

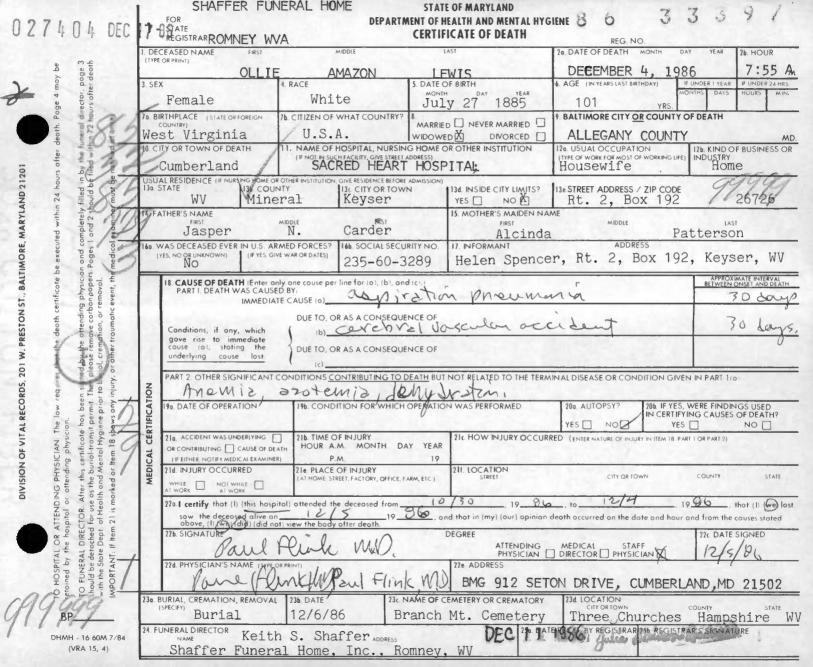
3	6	3	3	0	A	Ö
	REG. NO.					-

		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	CECIL		HENRY	LF	PLEY		November	13.	1986	6:00p M
М	3. SE)	Κ		4. RACE		5 DATE C	OF BIRTH		6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
	M	íale		Caucas	ian	MONTH O.	3/07/1912	EAR	74	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE CITY		Y OF DEATH	
1	(MD		USA		MARRIE	D X NEVER MARR		Allega	nv		MD
2	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTI	ION	12a USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
)		Cumberlan					edical Cen	ter	Superviso			ile manuf
5	13a S	AL RESIDENCE (IF NUI STATE MD	13P COAL		13c. CITY OR TOWN Cumberla	N	13d. INSIDE CITY LI		13e.STREET ADDRESS 12 R. De			/ 21502
7	_	THER'S NAME	L AL	Legally	Cumberra	illa	IS. MOTHER'S MAI			cacui	BUTCCU	21302
		Earl		MIDDLE Le	pley LAST		Anna		MIDDLE		Delbrool	k
		VAS DECEASED EVE			166 SOCIAL SECU		17. INFORMANT		ADDR	RESS		
1	- {1	res, no or unknown)	(IF YES, GIV	E WAR OR DATES)	214-07-2	809	Dorothy I	eple	y, 12 R De	catur	, Cumber	rland, MD
1		18 CAUSE OF DEA	TH (Enter or	ly ane cause per	line far (a), (b), and	ر استال	4. 1	1.			APPROX BET WEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH		D BY: TE CAUSE (a)	5	ept	4 SAC	CK				7770
				DUE TO. O	R AS A CONSEQUE	NCE OF	1 00		0 -11			
		Canditians, if an	y, which	((b)_		KN	botte	9-6	Jeps			
		gave rise to in cause (a), stat	nmediate ing the	DUE TO O	r as a conseque	NCE OF						
		underlying caus		(c)	. AS A CO. SECOL							
		PART 2 OTHER SIG	GNIEK ANT		ONTRIBUTING, TO E	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CON	NDITION G	WEN IMPARTAL	· Kenal
J	O N	(andie	genic	Shock,	1501	ence Carl	ignyo	pothy, Il	chete	Herelis	5,67
3	CAI	19a. DATE OF OPER.	ATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		ES, WERE FINDI	NGS MED
4	CERTIFIC								YES NOTO		YES [NO [
	CE	21a. ACCIDENT WAS U		216. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18	PART OR PART 2)	
1	A	OR CONTRIBUTING		110		19						
	ED C	21d INJURY OCCU		21e. PLACE	OF INJURY		21f LOCATION		CITY OR 10	Owell	COUNTY	STATE
	¥	ORK NOT N	WHILE ORK	(AT HOME STE	PEET, FACTORY, OFFICE, F	ARM, ETC)	SIRECT		CITORIO	OWIV		SIATE
			1) (this haspi	tal) attended th	e deceased fram_		, 19		, ta			that (I) (we) last
		saw the decea	ised alive an	t) view the bady	after death	, 01	nd that in (my) (aur)	apinian â	eath accurred an the c	date and ho	our and fram the	causes stated
		226. SIGNATURE	(A) 1	7	arret ocum.		DEGREE	310			224 DATE	SIGNED
		(Hirth				MD ATTEN	DING	MEDICAL STA	CIAN []	11	114/86
1		224 PHYSICIAN'S	/				22e ADDRESS				2 111/	1/2-
		Dr. N.	Ránjit	han					ospital Med		Buildir	18
	23a B	BURIAL, CREMATION	I, REMOVAL	23b DATE	23c N	AME OF C	Cumber EMETERY OR CREM	ATORY	MD 215	U.Z		
		Burial	1	/11/17					s LaVale,		county	STATE
	24 FL	JNERAL DIE	11/	1/11/11		JULIAN	TICHE OF	25a DATE	REC'D. BX RECUSERAR		STAR' SIGNA	ORE .
1		Harvey	7.63	oler Hy	ndman, PA	1	5545	NU	A J R wints	Julia	Shoughton)	Carlotte .
	_	THE VEY		, y	Lamenti 9 11		- 10			1-	Pigers or 1	

DHMH - 16 60M 7/8 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		REG. NO	ু ও	20	7 0
1. PF	SEASED NAME	FIRST	-	MIDDLE	l	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
.16	FR	ANCIS	El	DWARD	LOI	BEL		November 3	0, 1986		4:20 P.M
1,58	*	_	RACE		5. DATE C	F BIRTH	6	AGE IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS
A	lale	α	hite		June	12 191	8	68	YRS	DAYS	HOURS MIN.
Ja. B	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY	8.	NEVER MARRI	ED []	BALTIMORE CITY OF	COUNTY OF E	DEATH	
	ryland		U.S.A		WIDOWE			Allega	ny		MD.
10. C	ITY OR TOWN OF DEAT	Н 11		HOSPITAL, NURSI		R OTHER INSTITUTI		120 USUAL OCCUPATION			OF BUSINESS OR
	umberland		emoria	1 Hospit	al & M	ledical Ce	nter	Guard Forc		Facto	ory
130	AL RESIDENCE (IF NURSIN STATE 1 Uryland	3b. COUNTY	1	130. CITY OR TOV Cumberl	VN	13d. INSIDE CITY LIV YES 🖔 NO		884 Sperry		e 2:	1502
	THER'S NAME FIRST	Jose	ople	Loibel		15. MOTHER'S MAI		E	Cu	tter	ST
16a \	WAS DECEASED EVER IN	U.S. ARME	D FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE			V 1.0100
Ye	YES, NO OR UNKNOWN)	WW II	VAR OR DATES)	220-10-	0880	Peggy Loi	bel	Same as #1	3 above		
	18 CAUSE OF DEATH PART I. DEATH WA	(Enter only S CAUSED MMEDIATE	BY:	line for (a), (b), or		Ecel A.	ling	- meters	tie		ONSET AND DEATH
NO	Conditions, if any, gove rise to imme cause (a), stating underlying couse	the lost	((c)	RAS A CONSEQUE RESERVED TO THE	an		HE TERMIN	nal disease or cone	DITION GIVEN IN	N PART 1	ю.
CERTIFICATION	198 DATE OF OPERATION	ON	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	206. IF YES, WE IN CERTIFYING		
	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH D	AY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IB PART I (OR PART 2)	
MEDICAL	21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	E	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OF TOV	vN (OUNTY	STATE
	220.1 certify that (1) (saw the deceased above, (1) (we) (di					. 17	opinion de	to, to	. 17	I Irom the	that (I) (we) last couses stated
1	226. SIGNATURE	-ni	nlim	or Tho			DING ICIAN 🖳	MEDICAL STAF	F	22c. DATE	SIGNED
	Dr. J. W					22e ADDRESS 10 La	68 Navale,	tional High MD 21502	nway		
23a. l	BURIAL, CREMATION, R		236. DATE	23c.	NAME OF C	EMETERY OR CREM		23d LOCATION		(A)TV	Char
-	(SPECIFY) Burial		12/03/	186 SS	. Pet	er & Paul		Cumberlar		egan	2
	UNERAL DIRECTOR NAME eorge-Upchu	rch F	un'l. t	M. Cumb.	eene., MD	St. 21502	DE DE	REC'D. BY REGISTRAR C 1 7 1986		SSIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

Sca.	rberri		1.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 3 9 7								
177	000	DEC 1	- 0	STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO.					
161	093	ner 1		E OR PRINT)	ST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR 8:45				
	noy be poge 3			ERI	MA	VIRGINIA	LOWERY	December 3, 1986					
	e od .		3. SE	Х	4,1	RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS				
	ge 4			female		white	05-10-1914	72 yrs. "	ONTHS DAYS HOURS MIN.				
	Pour Pour	9/	7a B	IRTHPLACE (STATE OR FOREIC	5N 7b.	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH				
	leoth leoth	J)		MD		USA	WIDOWED DIVORCED	Allegany	MD				
) 5 2 4	13/	10. 0	ITY OR TOWN OF DEATH	11.	NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR				
-50	Cumberland USUAL RESIDENCE IF NURSING HE 136. STATE 136.					Memorial Hos	pital	retired .	textile				
MARYLAND 212						ER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e.STREET ADDRESS / ZIP CODE	007.0220				
AND	fille			MD		egany Cumber		223 Cecelia Str	eet/21502				
RYL.	the state) Pil (14. F	ATHER'S NAME	MIDI	DIE LAST	15. MOTHER'S MAIDEN NA	ME					
MA	pa de	exor		Walte		Weise	FIRST	ose Cage	LAST				
ORE,	kecul od co	dico		WAS DECEASED EVER IN U		D FORCES? 166 SOCIAL SECUR	RITY NO. 17 INFORMANT	ADDRESS					
W.	Poor	E		no	123, 0112 117	214-07-3	430 Mr. Joseph F	. Lowery, Cumberl	and. MD - husba				
BALTIMORE	\$ 04d	9 #		18 CAUSE OF DEATH (Er	iter only o	one couse per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ST.	Ag to	uava even		PART I. DEATH WAS C		(AUSE (O) Curde	account		0				
Z	6 90	2 4		The second second		DUE TO, OR AS A CONSEQUE	NCE OF						
EST	ale ale	age of		Conditions, if ony, whi		(b)	NCE OF CAD -	CAR					
W. PRESTON	1			gove rise to immedia couse (a), stating t underlying couse to	he 1	DUE TO, OR AS A CONSEQUE	NCE OF A 5 1+ 10 - P.	ugh VO.	ys.				
05, 20	signed hen plo	o burio prry, or	z	PART 2 OTHER SIGNIFIC	ANT CON	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 100				
ECOR	the rest	5	CERTIFICATION	198 DATE OF OPERATION		196. CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?				
AL R	and and a	11/	E					YES NO YES					
DIVISION OF VITAL RECORDS, 201	CIAN. 2 physic of trans	989		21a. ACCIDENT WAS UNDERLY!	OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)				
NO	A de de	N N	MEDICAL	21d INJURY OCCURRED		21e PLACE OF INJURY	211 LOCATION						
N N	01 15	P P	2	WHILE NOT WHILE	3	(AT HOME, STREET, FACTORY, OFFICE FA	RM, ETC) STREET	CITY OR TOWN	COUNTY STATE				
۵	AA o	and mo	13	220.1 certify that (I) (4his-	hospitol)	ottended the deceosed from	11-24 1986		956 that (I) (we) lost				
	E 60 9	2 4		sow the deceosed oli	ve on	12-3 - 19 8 ew the body ofter death.	C, and that in (my) (our) opinion	deoth occurred on the date and hour	and from the causes stated				
	A N MA	11		226 SIGNATURE	JIG 1101 VI	ew me body offer deoffi.	DEGREE		22c. DATE SIGNED				
	AL D	9 6 0	18	Chhor. "	Mh	como Tho	ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN					
	2 4 4 N	237		22d. PHYSICIAN'S NAME	TYPE OR PRI	INT)	22e ADDRESS						
	S 1 5 4	PORT /		Dr. Jo	hn Wh	nitmore	LaVa1	Box MD 21502					
	5 £ 4	3 21	23a I	BURIAL, CREMATION, REM	OVAL 2	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION					
	BP			Burial			lcrest Burial Park	CITY OR TOWN	COUNTY STATE				
	DHAM! 14.4	014 7/94	24 F	JNERAL DIRECTOR			11- Pio. PAT	FREEDOR REGISTRAR 256 REGISTR					
	DHMH - 16 6 (VRA 15			James F Sca	rnel	li, Cumberland,	MD 31503		. Resolutio				
			_	James 1. Jea	TheT	TT, CUMUEL LANG,	MIN (1902 1	<u> </u>					

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028305 DEC	2	100	GRIFFITH I FOR CAPON BRI STATE REGISTRAR	FUNERA IDGE W 2671		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 6	3 3	. 0 3
3 75	1	DEC	EASED NAME FIRST	ARICE	ONEI		MCBRIDE	20 DATE OF DEATH DECEMBER	MONTH DAY YEAR	2b. HOUR 8PM
ge 4 may ectur, po n after d		3 SEX	Female	4. RACE White		Sept.	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAT	
0 1 18			RTHPLACE (STATE OR FOREIGN OUNTER) PShire, West Va		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF ALLEGAN	Y COUNTY	MD.
+ 105	2	t	OR TOWN OF DEATH	SAC	RED HEA	RT HC	OR OTHER INSTITUTION	170 USUAL OCCUPATE	ON 12b. KINE INDUSTR	O OF BUSINESS OR
AND 211	15	13a. S			136. CITY OR TOW	/N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	P. U. Box 60	ZIP CODE 26763	99999
MARYL d with d with popletely pod 2 st	14	M. FA	THER'S NAME Arthur	MIDDLE	Malick		E dina	WIDDLE	E	åton
MORE, nord sor	3	(1	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	234969		17. INFORMANT Helen Haslac	ker, Spring		
PRESTON ST., BALL the death ced hoose the attending abytics remove to then append ematter, at removal.			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate couse (a), stating the	D BY: E CAUSE (o) DUE TO, C	or AS A CONSEQUE	NOI F	ing fair	Sh unds	BETWE	OXMATE INTERVAL EN ONSET AND DEATH
L RECORDS, 201 W te fow requires that the fow requires that the been signed by permit. Then pleane ente prior to burnol, a ows, any injury, or oth	9	TIFICATION	PART 2. OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES, WERE FINING CAUS	DINGS USED
DIVISION OF VITA NICE PHYSICIAN TO OHERSTORY OF THE PHYSICIAN OHERSTORY OHERSTORY OHERSTORY OHERSTORY OHERSTORY OHERSTORY	9	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A P	DF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE.	19	211 LOCATION SIREET	RED (ENTER NATURE OF INJUR		2) STATE
DIVI AL OR ATTENDING THE hospital or on AL DRECTOR Afrecing the order electrical for use of the the Dept. of Health or In Hem 21 is market.			220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) that (did no			0	DEGREE ATTENDING PHYSICIAN (7	death accurred on the do	22c. DA	the causes stated
O HOSPIT, ecoimed by TO FUNER, frould be d	/		JOHN ME	HANNA,			22e ADDRESS 909-B SI	ETON DRIVE		
9998999		(URIAL, CREMATION, REMOVAL SPECIFY) Burial	12-13-			Cemetery Cemetery	23d. LOCATION CITY OR TOWN Augusta,	WVHampshi	re W
DHMH - 16 60M 7	54	24 FU	NATIFFIN FUNE	ral Hom	e ADDRESS	apon	Bridge, WV	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	

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EN 51		WE WILL		
	5-90	T.P VUIDLES	mor.	
A STERNOON OF PRESIDENT		(481-01-01	1.5.0	

7722 DEC	16-	TATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 3 4 0 3 CERTIFICATE OF DEATH							
y 7 f		CEASED NAME MARY	FIRST HELE		ANN		LAST	12 8 86		AY YEAR	2b. HOUR
5	3. 5E	F	4	I. RACE	W	MON	OF BIRTH 7 19, 1913	6. AGE (IN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1 135		RIHPLACE (STATE ORF	OREIGN 7	L CITIZEN OF		NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	MD.
4 45	10 C	TY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, N	NURSING HOME E STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	ATION		OF BUSINESS OR
25 hpp.	USU.	Md	13b. COUNT	THER INSTITUTION	13c. CITY O	eart Hos E BEFORE ADMISSION R TOWN	134. INSIDE CITY LIMITS?	hwf 138 STREET ADDRES 33 Teaber		e 21	532
1010		Dominic	M	NODLE	Mar	ctin	15. MOTHER'S MAIDEN NA Emma	WIDDLE		Heli	mstette:
be execu		NAS DECEASED EVER YES NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)		0.00000000000000000000000000000000000	Margaret		same	as l	3a-e.
what the death certificated by the chemical physical properties to remove a contemporal or certificate or certificate the management of other thousands events.		Canditians, if any, gave rise ta imm couse (a), statin underlying couse	which nediate g the last.	DUE TO, O (b) DUE TO, O (c)	DR AS A CON	ISEQUENCE OF	deal of	sixtem		7	hour
ne fore requires	CERTIFICATION	PART 2 OTHER AIGN	lesia	April	- an	Hute	T NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED
Through physical transfer the benefit transfer to be benefit to be benef	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEAT CAL EXAMINER) RED	P 21e. PLACE	.M. MONT .M. OF INJURY	TH DAY YEAL 19	211 LOCATION STREET	RRED (ENTER NATURE OF IN		COUNTY	STATE
DRECTOR ATTENDING DRECTOR Afri soched for use or Dept. of Health If hem 21 is morth	200	22a certify that (I) saw the decease above, (I) (we) (c 22b. SIGNATURE	(this haspite			10	. 19 and that in (my) (our) apinian DEGREE	MEDICAL S	date and have		
D HOSPITAL rained by to O FUNERAL chiths South		22d. PHYSICIAN S.M.	AME (TYPE'SR	PRIN'	8		PHYSICIAN 22e ADDRESS	☑, DIRECTOR ☐ PHY	SICIAN [1820	~ 6 6
BP		BURIAL, CREMATION, (SPECIFY) Buria		236. DATE 12/11	./86		CEMETERY OR CREMATORY Wn Memorial				
MH - 16 50M 4/B3 (VRA 15, 4)		UNERAL DIRECTOR L					Home, Inc.	EC 1 5 1988	Arl 25b. REGISTE	Tundon.	Padas

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		STATE OF MARYLAND	
27360 DE	F1 13	DEPARTMENT OF HEALTH AND MENTAL HYGICAE	
E 1 0 0 0 0	6 17	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26. HC	OUR
		(TYPE OR PRINT) OF ESTI-	
ASS. CES. CES. CES. CES. CES. CES. CES. C		James A. Mc Kenzie DEATH MATED 12 10 186101	
# D = 9		3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2t. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	our
72 SC R	Z	Male White Mar. 22, 1913 73 YRS. DEAD 12 10 86 10	15
Z Z Z Z	5-7-	70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8	
S S S S S S S S S S S S S S S S S S S	356	FOREIGN COUNTRY) MAKRIED LA NEVER MARRIED	
AD. 21201 4. IF ANY DELAY IS NECESSARY PLEASE 2, AND 3 TO THE FUNERAD DIRECTOR. 2. REALIN PAGE 5 FOR YOUR FILES. 2. FOULD REFLIED. WITH N 72 BOURS.	1		MD.
SER RES	52/	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINES) OR INDUSTRY OR INDUSTRY	5
A P A A	i) [Frostburg Frostburg Community Hospital Carpenter Tire Co.	
- SENT	2	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
21201 ANY AND 3 RETAI	350	136. COUNTY 136. CITY OR TOWN 13d. INSIDE (117 LIMITS? 13e STREET ADDRESS	
F A A A		Maryland Garrett Grantsville YES NO X Rt. 2, Box 12 A, 21536	
MD.	¥///	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST	
DEATH. GES 1, M PM	7/6	Frank Mc Kenzie Gretta King	
A PAGE	Z	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
ST., BALTIMORE, MD., SOURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 7, 3, WITH FORM PM. 3. MIT PAGES 1, AND 2.	08 /	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-07-0299 Pauline Mc Kenzie, Same as 13e	
A SS PER	37	NO 1 Lacitio no nonzio, banc as 1 je	
ON ST., B. 24 HOURS ITEM 18. G	π,		EATH
ON ST CON		IMMEDIATE CAUSE (a) Ventricular Fibrillactor I in	
STC	000	DUE TO, OR AS A CONSEQUENCE OF	
H A	REMOVAL	Conditions, if ony, which gave rise to immediate (b) Arteriosclerotic Heart Disease years	
	8	gave rise to immediate (b) ATTOPIOSCIEFOTIC REAL DISEASE YEARS cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
201 W. PRESTON ST (ED THIN 24 HOUS) (ED THIN 26 HOUS)	ż	lying cause lost.	
	ALTH AND CREMATION	(c)	_
RECORDS, D BE EXECPENDING MEDICAL	¥ ¥ I	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
S S S S S S S S S S S S S S S S S S S	E SE	Diabetes: hypertension; chronic alcohol abuse	
94.4	出。	Diabetes: hypertension: chronic alcohol abuse 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR HOUR AM MONTH DAY YEAR	
★ 오늘등	5 à	YES NO	-071
DIVISION OF VITAL S CRITIFICATE SHOU RITING THE WORD." REDED TO THE CHIEF ER 3 SHOULD BE USE	Z =	216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	~
SHED	ž P		
호 투유당 5	A O	S CONTRIBUTING CAUSE OF DEATH P.M. 19	
SE SE SE	200	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STA	ATE
ARRIA DE	2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STA	
GRE THI	STA.		_
# 5 0 6	불물	22a. I certify that I taak charge of the remains described obave, held on Autopsy . Inspection Inquiry I and in my opinion	
¥ = # D	ΞŽ	death resulted from Mural causes A, Accident Suicide , Hamicide Undetermined monner ,	
*#9 #	≥×	TITLE (SPECIFY)	
A POPOLA	Ξ	SIGNATURE M.D. DOCX MEDICAL EXAMINER SIGNED 36	5
SE SE	\$ 8 A		
	N E	EXAMINER'S NAME Paul Snow, M.D. ADDRESS Memorial Hosp, Cumberland, Md.	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW.	A PET	ADDRESS.	
	-	(SPECIFY)	
BP		Burial Dec. 13'86 St. Patricks Cem. Mt. Savage, Allegany, Md.	
DHMH - I	17	24. FUNERAL DIRECTOR NAME ADDRESS ADDR	
(VR A15 ME	(5))	Durst Funeral Home, Frostburg, Md.	
15M 2/8	5U		_

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BP DHMH - 16 60M 7/84

(VRA 15, 4)

24. FUNERAL DIRECTOR BOAL TUNERAL SERVICE P.A. WESTERNPORT MD. 21562

12/7/86

230. BURIAL, CREMATION, REMOVAL

(SPECIFY) BURTAL

236 NAME OF CEMETERY OF CREMATORY
PHILOS CEMETERY 23d. LOCATION

WESTERNPORT ALLEGANY MDSTATE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Julia Devidson Pandace

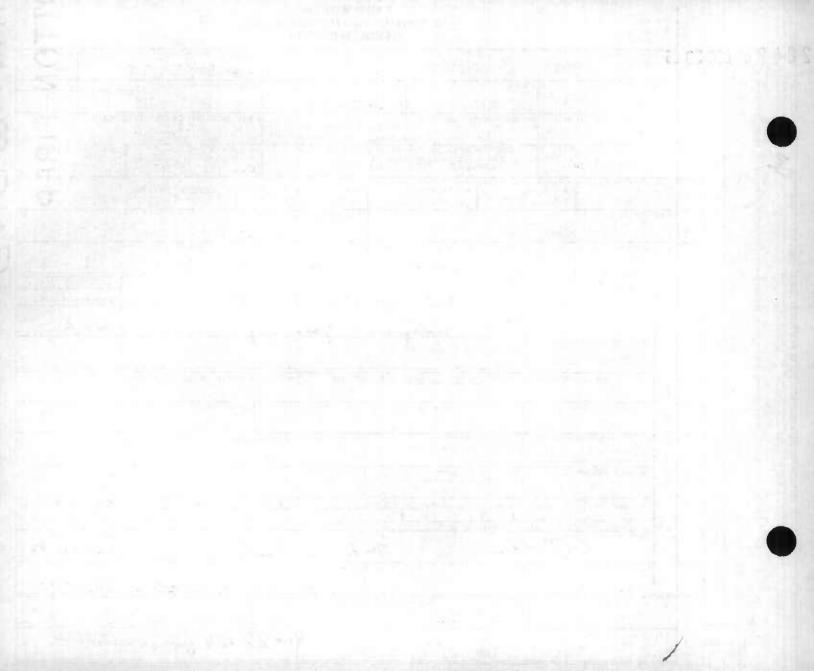
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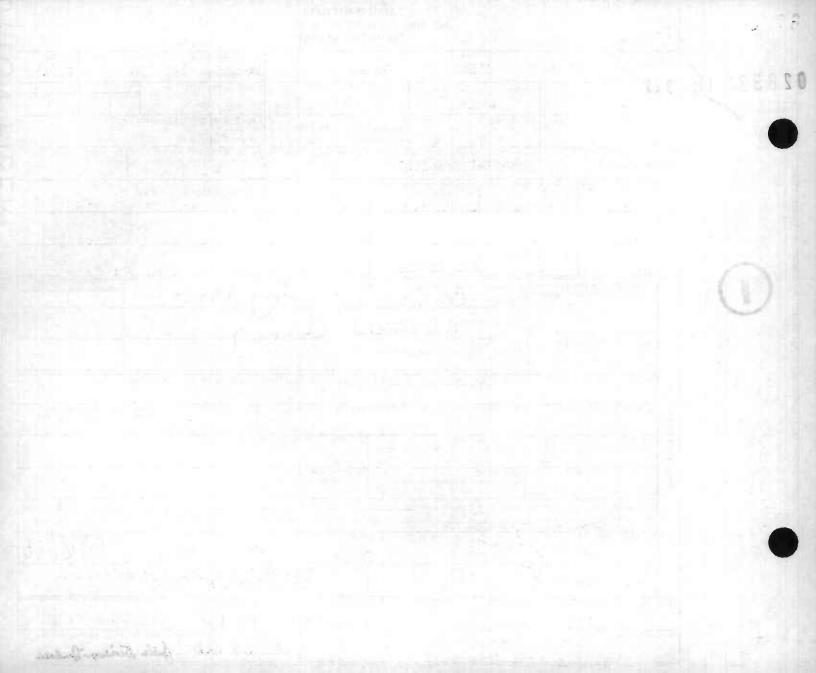
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2	8	4	moy be	poge 3
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21281	3	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within a fronti alouth. Page 4 may be executed by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely little for the formeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages (and 2 stochastic inthis 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
			Te te	543

	1-	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 5 3 3 4 0 6 CERTIFICATE OF DEATH REG. NO.							0 6			
30		CEASED NAME	FIRST			U	AST		20. DATE OF DEATH MONTH D			26. HOUR		
		OR PRINTS	MARK			M	OWER	Decem	ber 1	3, 198	6	9:30 M		
	3. SE	x				5. DATE O	DATE OF BIRTH		EARS LAST BIRTI		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.		
	2.4	male	140	white		06	-24-1903	83 YRS.						
a out	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMO	9. BALTIMORE CITY OR COUNTY OF DEATH Allegany					
	10 CITY OR TOWN OF DEATH Cumberland			11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF THE STREET ADDRESS HOSPITAL				OTHER INSTITUTION 128 USUAL OCCUPATION 128 KIND 179F OF WORKEOR MOST OF WORKING LIFE) INDUSTR				OF BUSINESS OR		
1	USU/ 13a. S	AL RESIDENCE (IF NU STATE MD		r other institution, give residence before admission) NTY 13c. CITY OR TOWN Legany Cumberland			13d INSIDE CITY LIMITS? YES 🖔 NO 🗌	13 e. STREET /	ADDRESS /	ZIP CODE	Avenue	2/21502		
exorain	14. FA	ATHER'S NAME Mark	Mower	MIDDLE	llian H	Llian Hensel								
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GT			MED FORCES? E WAR OR DATES)							nd, MD	- wife		
y, or other troumatic event, th		Conditions, if on gove rise to in couse (a), stat underlying cous	y, which nmediate ing the se last.	y one couse per line for (o), (b), and (c), 1 DBY: E CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA			- grans	grang				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48 N IN PART 110		
nolui Kuo swoo	CERTIFICATION	19a DATE OF OPER	ATION	196 CONDITION FOR WHICH OPERATION V			IN CERTIFY			20b. IF YES, V IN CERTIFYIN	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO			
S C C C C C C C C C C C C C C C C C C C		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NA	TURE OF INJUR	Y IN ITEM IB PART	I OR PART 2)			
xed or if	MEDICAL	21d. INJURY OCCU	VHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			21f. LOCATION STREET		CITY OR TOV	VN .	COUNTY	STATE		
2 I is mo		22a.1 certify that (1) this hospital) attended the deceased from 12-12, 19-24, to 2-13, 19-25, and that in (my) (our) apinion death occurred on the date and hour on above. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)										that ((we) lost couses stated		
MPORTANI: If Hem		226. SIGNATURE	The state of the s	ollow m					MEDICAL STAFF			SIGNED		
PORTA		Dr. Bol		R PRINT)			955 Freder	ick St.	Cumbe	erland.	Md.	21502		
≤		BURIAL, CREMATION (SPECIFY) Buria		236. DATE 12-1			emetery or crematory est Burial P	ark Cur	or town mberla	and Aj	llegan	y MD		
7/84		James F.	Scarpe	lli, Cur	mberland,	MD 2.	1502		BOISTRAR	Sh. REGISTRA	R'S SIGNAT	PREA		



	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 3 4 0 / CERTIFICATE OF DEATH REG. NO.						
		EASED NAME	FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	Y YEAR	2h HOUR
n 200	TIPE	OR PRINT)	OTHA	ALBER	T	MYERS	December	14, 1986	5	12:45P
o Caz un	I BEX	0		4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
ge a		Male		White	e De	C. 26, 1903	1 / 0	YRS.	NIHS DAYS	HOURS MIN.
1285	Maryland		OR FOREIGN	76 CITIZEN OF WHAT O	M	ARRIED NEVER MARRIED	1 1 1 00000		FDEATH	м
138	10 CITY OR TOWN OF DEATH Cumberland			11. NAME OF HOSPIT. Memorial H	AL, NURSING HO	(TYPE OF WORK FOR MO	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY			
pletely filled in B	130. S Mar	TATE Yland THER'S NAME FIRST	Alle	egany Cum	ty or town therlan	13d. INSIDE CITY LIMI YES NO 5 15. MOTHER'S MAIDE	Rt.2 B	S / ZIP CODE	(AS)	
nd cam ages 1 d		Walsor (AS DECEASED EV ES, NO OR UNKNOWN)	ER IN U.S. AR	MED FORCES? 16b SC /E WAR OR DATES)	<u>lyers</u> DCIAL SECURITY -12-8300		B. ADI	same a		liper
d by the attending physic lease remove collegeopte ial, cremation, or or other troumotic event, th		Conditions, if o gove rise to couse (o), sto underlying co	ny, which immediate oting the use lost.	DBY: DETO, OR AS A (b) DUE TO, OR AS A	CONSEQUENCE	of ed Ca.	toy Arre	A		MATE INTERVAL INSET AND DEATH
e has been signe sit permit. Then p grene priar to bur shows any injury, o	CERTIFICATION	19a DATE OF OPE	RATION	1%. CONDITION F	OR WHICH OPER	A BUT NOT RELATED TO THE	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USED
this certificate e burial-transi d Mental Hyga do Item 18 sh	MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M 21d. INJURY OCC	CAUSE OF DEA	HOUR A.M. M	ONTH DAY '	YEAR 19 21f LOCATION	CCURRED (ENTER NATURE OF III		COUNTY	STATE
TO FUNERAL DIRECTOR: After I should be detoched for use as the with the State Dept. of Heolth on IMPORTANT: If Item 21 is marked	V	220.1 certify that	nased alive an	atol) attended the deced	osed from		, ,	TAFF SICIAN 🗌	22c. DATE	16/8t
0 4 2 2		URIAL, CREMATIO	N REMOVAL	23b. DATE	23c. NAME	OF CEMETERY OR CREMAT	ORY 23d LOCATION			MD STATE



00001000	ACTOR FICHORN FUNE	RAI HOME DEBAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	versur 8 6 3	3 . 0 0
26504 DEC-		G MD 21539	CERTIFICATE OF DEATH	REG. NO.	
	I. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
9 75 2	(TYPE OR PRINT) WILLIAM	м.	NICHOL	DECEMBER 2	, 1986 8:35R
ge 4 moy	Male W	RACE Vhite	S. Date of Birth August 180ay1920	6 AGE (IN YEARS LAST BIRTHDAY) 66 YRS	FUNDER LYEAR OF UNDER 24 HRS
nerol direction.	76 BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	A DALTHAODE CITY OF COUNTY	
153	Cumberland		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
133	USUAL RESIDENCE (IF NURSING HOME OR OTHER	IN GIVE RESIDENCE BEFORE IN STRUCTURE OF THE STRUCTURE OF		? 13e.STREET ADDRESS / ZIP CODE	Rt 1, Box 3
100	FATHER'S NAME William : MIDI	Nico]	15. MOTHER'S MAIDEN I	Leora MIDDLE	McKenzie
medical	Ida. WAS DECEASED EVER IN U.S. ARMEI		13.6 T	Nichol Rt 1,Bo	tburg, Md. x 326
ding physici arbonopoper or removal.	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Y: (0)	urdine ar	ing Mining	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the other by the other connection other traum	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) DUE TO, OR AS A CONSEO	UENCE OF		
The plan	PARYE OTHER SIGNIFIGANT CON	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART 110
10 10 10 10 10 10 10 10 10 10 10 10 10 1	19ª DATE OF OPERATION	MODITION FOR WHIC	H OPERATION WAS PERFORMED	HT CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Talle of the	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)
ornerdin ornerdin or the bur ded only	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN pitol or TOR. Af for use of the alf	220.1 certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did) (did not) vi	19		on death occurred on the date and hou	19, that (I) (we) lost and from the causes stated
At OR A the house At DREC the house	22b. SIGNATURE	Massell	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12-3-86
D HOSPIT Toursed by O FUNER Sould be of	22d. AHYSICIAN'S NAME (TYPE OR PR	INT	22e ADDRESS	DRIVE, CUMBERLAND	, MD 215
2 € 8 € 1 € 7 BP		Dec. 5,1986	Restlawn Mem.	Park La Vale Al	legany dstate
DHMH - 16 60M 7 /64 (VRA 15, 4)	Elchhorn McKenz Lonaconing, Md.	ie Fyneraless	Home 1250 D	EC 8 1986 Julius d	Parisignay

217-19-8419 First Loted Lot of 12 1, 1826 225 PROPERTY OF LEASING PROPERTY OF

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UZIIUU DEC	يل	REGISTRAR CUMBERLA	ND, MAR	YLANS 225	02	ICATE OF PEATE	REG. NO.		
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K	1. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS MIN.
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1 12 00	7u. 8i	RYHPLACE (BLATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
1 1 02	Wes	st Virginia	U.S.A.		WIDOWE		Allegany		MD.
11/1		ITY OR TOWN OF DEATH	M. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
5 / W DA	Cun	nberland	Sachoo	l Heart Ho	Anita	, 0	(TYPE OF WORK FOR MOST OF WO Homemaker		
2 () 到		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			Home	1000
9 と 語をり	tlo A	it Va. Nine		Ridgeley		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI		1.1
3 7 43 4	-	ATHER'S NAME	iui	Thrugeley		15 MOTHER'S MAIDEN NAM	196 Main S	viel 1 20.	753
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X 0 0 0 10	14. 1	John WAS DECEASED EVER IN U.S. AR		Byer 1166 SOCIAL SECUR	NEW NIC	Cora 17 INFORMANT	- ADDRESS	Micl	reu
Open de const			E WAR OR DATES)			17 INFORMANI	ADDRESS		
1 8 50		No	-	1214-07-0	887	James M. Perr	y-Address sa		
A CONTRACTOR	13	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	lipa for (a), (b), and	ic'	0 0 11 1 1		APPRO) BETWEEN	ONSET AND DEATH
F		IMMEDIA1		Masse	U.R.	ruchance	e enerol	us ma	wells
S & Second			DUE TO, O	R AS A CONSEQUE	NCE OF				
5 9 E 2 2 5		Conditions, if any, which	(b)_					6 21 000	
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to the control of the		underlying cause last	(c)_						
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of the	FICATION	Julgen	1 km	Ileur	Non	u symio	ia voen	Vous	
0 1 11117	3	IN DATE OF OPERATION /	UI COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		b. IF YES, WERE FINDI	
7 25 70 5		11/24/86	Du	moed	MIC	milines	YES NOT	LCERTIFYING CAUSES	NO T
Z 2 3 5 7 7 7	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME/C	F INJURY M. MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
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DIVISION OF VITAL RECORDS ING PHYSICIAN. The fare required the certificials has been signed to the build-human permit. There is no the build-human permit. There is no covered or them: IB-sheers any injury or overed or them: IB-sheers any injury.	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION			
N On the party of	2	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, FA	RM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE
O S S S S S S S S S S S S S S S S S S S		220.1 certify that (1) this haspi	tal) attended th	e deceased from	-1//	20 10 86	11/3	0 10 10	that (I) (we) last
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A S WELL		Ab. SIGNATURE	t) view the body	after death.		DEGREE		22¢ DATE	/
0 1 000 1		ludient.	11/2	alex 1	21		MEDICAL STAFF DIRECTOR PHYSICIAN	1	30/86
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100000		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
199BP/7/	Bu	rial	12-3-	86 Sun	set N	lemorial PArk	Cumberland.	-Allegany-N	ND
DHMH - 16-60M 7/84	24 FI	UNERAL DIRECTOR GEORGE	e-Upchw	ich Funera	e Hor	ne, P.A. 250. DATE	REC'D, BY REGISTRAR 25b.		-
(VRA 15, 4)	20	12 Greene Stree:	t-Cumbe	rland, Mar	ulan	1 21502 DE	C 1 7 1986 4	lia Doctorn-T	andress.

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OR A DIRECTOR A DIRECTOR A DIRECTOR A DEPT.		226 SIGNATURE		12	1.0	110	DEGREE ATTENDING	MEDICAL STA		22c. DATE SI	GNED /
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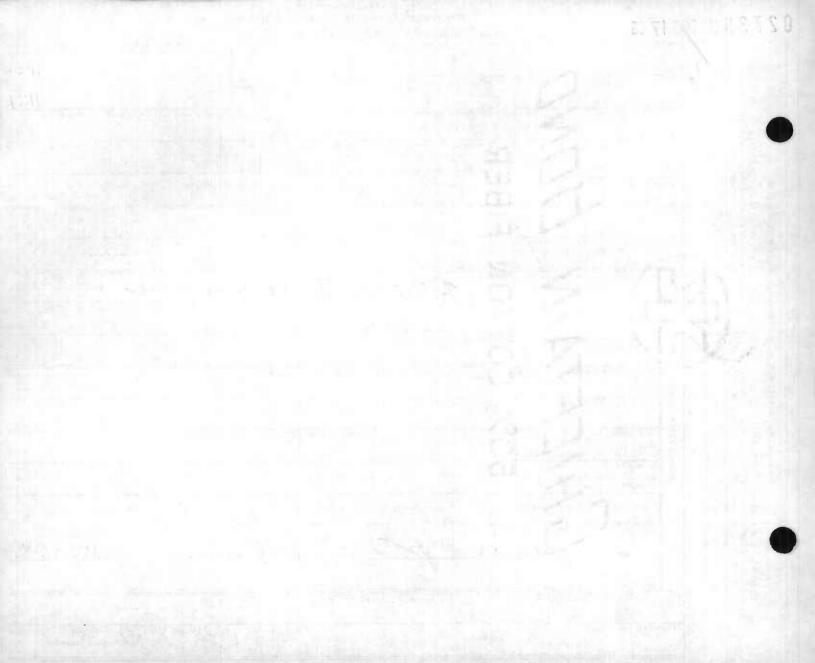
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O HOSPITAL OR /		226 SIGN	X F	32	MO	ATTENDING PHYSICIAN (27e ADDRESS	MEDICAL STAI	FF (2)	129/A
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DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR William G.		-	berlar	25a DA1	E REC'D. BY REGISTRAR	25h REGISTRAR'S SIGN	NATURE

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Burial Joc. 39, 1986 Dleasant Grove C. Cumberland Allegany 4D.

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	IS NECESSARY, PLEASE IE FUNERAL DIRECTOR. EL SER YOUR FILES. EL MITHIN 72 HOURS ILM BESTON STREET,		RYLAND			JSA		/IDOWED [DIVORCED		EGANY	1		MD.
	SER SER		TY OR TOWN		II. NA	ME OF HOSPITAL, NURS	ING HOME, C	R OTHER INSTITU	TION 120	FOR MOST OF WOR	PATION (TYPE O	FWORK 12b.	OR INDUSTR	
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	EXAMINER: THIS CERTIFICATE SHC CERTIFICATE, WRITING THE WORD ULID BE FORWARDED TO THE CHI DIRECTOR, PAGE 3 SHOULD BE UI, WITH THE STATE DEPARTMENT OF MARYLAND, 21201 PRIOR TO BURI								. [7	7	[7]			
	A S S S H S					remains described above		Autopsy .	Inspection [in my opinior	1	
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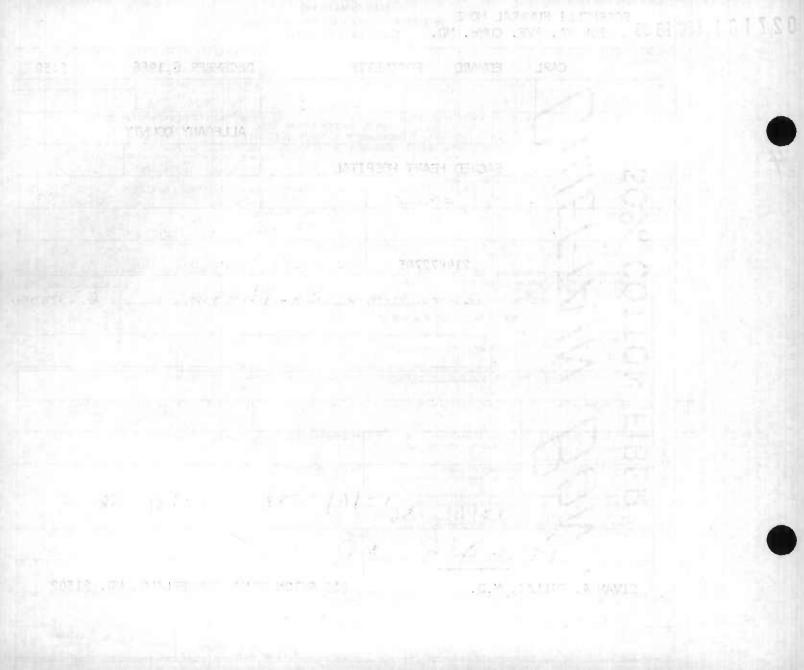


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do do	3, 56		4 RACE	• _	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
ge 4		Female	Whit	е	Feb.	22 DAY 1918	68	YRS.	NIHS DAYS	HOURS MIN.
1206		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F.DEATH	
112	We	st Virginia	U.S.	Α.	WIDOW		ALLEGAN	Y		MD.
1 11 2/	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		12b. KIND OF INDUSTRY	BUSINESS OR
5 5 57 7	1	Cumberland	SACRE	HEART H	OSPIT	AL	Housewife			ome
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1 1 11 10/	M/E	ATHER'S NAME				15. MOTHER'S MAIDEN NA				
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ate be execu-	1	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	236-42-0	0165	Kathy Hawse,	Rt. 2, Bo	x 43,	Kirby,	, WV
THE STATE OF THE S		PART I. DEATH WAS CAUS	anly ane cause per	line far (a), (b), an	d (c).1	/ ,	/ 44 /		APPROXIM. BETWEEN ON	ATE INTERVAL
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5 (4)		Canditions, if any, which	((b)	R AS A CONSEGUI	ENCEOI					
		gave rise to immediate cause (a), stating the	10)	D. 16 1 CO. 1650.						
3 7 310 5	-	underlying cause lost.	DOE 10, O	R AS A CONSEQUI	ENCE OF					
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8 1117	CERTIFICATION	19th DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
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7 / BP/ 7 /	7A 5				- uranı					
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(VRA 15, 4)	1	Shaffer Funeral	Home, I	nc., Rom	ney,	WV	2 2 2000 V	Isas Neard	lasson Pand	alda

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029618 JAN	O REGISTRAR		MED	ICAL EXAM	NER'S	ERTIFICA	TE OF DE	ATH R	EG. NO.		
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ANY DEL	JAL RESIDENCE STATE Maryland	E (IF IN NURSING HOME OF ALLE	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADM	and	13d INSIDE CITY I	LIMITS? 13e_ST	REET APPRESS F	irst St	t, 21502	
EATH EST. 2	14. FATHER'S NAME FIRST	Enoch Ro	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	la Peer		LAST	
AFTER DI LIVE PAGE HH FORM AGES 1.6	68. WAS DECEAS	SED EVER IN U.S. ARI	WAR OR DATES)	218-16-3		Mrs. N		Roach, C	odress Cumberla	and, Md.	Wife
M ST B H HOURS FM 18. O MIN WILL MIN WIN WILL MIN WIN WILL MIN WIN WILL MIN WIN WIN WIN WIN WIN WIN WIN WIN WIN W	18 CAUSE	DEATH WAS CAUSE	lly ane cause per line f D BY: R TE CAUSE (a)	or (a), (b), and (c).) ight sub-	dural	hemator	ma (Cor	ntra-Coup	9)	APPROXIMA BETWEEN ON 24 NO	ATE INTERVAL SET AND DEATH
THESTO THIN 24 THE ALC ANSIT PA		ions, if ony, which	DUE TO, OR A	osed Head		y; lef	t			24 h	ours
M CANANA WALLEY	cause	a) stating the <u>under-</u> ause last.	DUE TO, OR A	s a consequence		lcohol	Abuse				
ME DOEDS.		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE T	ERMINAL OISEAS	OR CONDITION GI	VEN IN PART 1 (a).				
ULD III		OF OPERATION		ON FOR WHICH OF			D?			20 AUTOPS	Υ?
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STOP NILLIAM	21d. INJURY	OCCURRED NOT WHILE X	21e PLACE O	FINJURY (AT HOME, RY, FARM, ETC.) ME		East 1	First S	t.cny occumbe	erland,	Mar. 2150	2 STATE
TO MEDICAL EXAMINER: TH EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21	death resu		ge of the remains descr ral causes ,		Autap Suicide	Hamicide		Inquiry K,	and in my a		200/
DICAL E TE THE OF SHOUNDERS IN WERAL I DEATH, WORE, W	ACTUAL SIGNATUR	The same of the sa	& from	~ ~	M	Deput	MEI	DICAL EXAMINER		VED	9-1986
TO MEDI EXECUTE PAGE 4 TO FUNE BALTIMO	EXAMINER (TYPE OR PI 23a. BURIAL, CREM	ATION REMOVAL 2	. Paul Sno	123c, NAME OF C	EMETERY O	ADDRESSR CREMATORY	1234 1	Hospita.			
BP	Burial		12-30-1986	Rocky C	ap VA	Cemete	ry	Cumberla	nd, All	egany, l	id.
DHMH - 17 (VR A15 ME (5))	24 FUNERAL DIR	mes F. Sc	arpell ^{Apress} (umberland	l, Md.	21507 N	12 10	Y REGISTRAR 256	REGISTRAR'S	SIGNATURE	

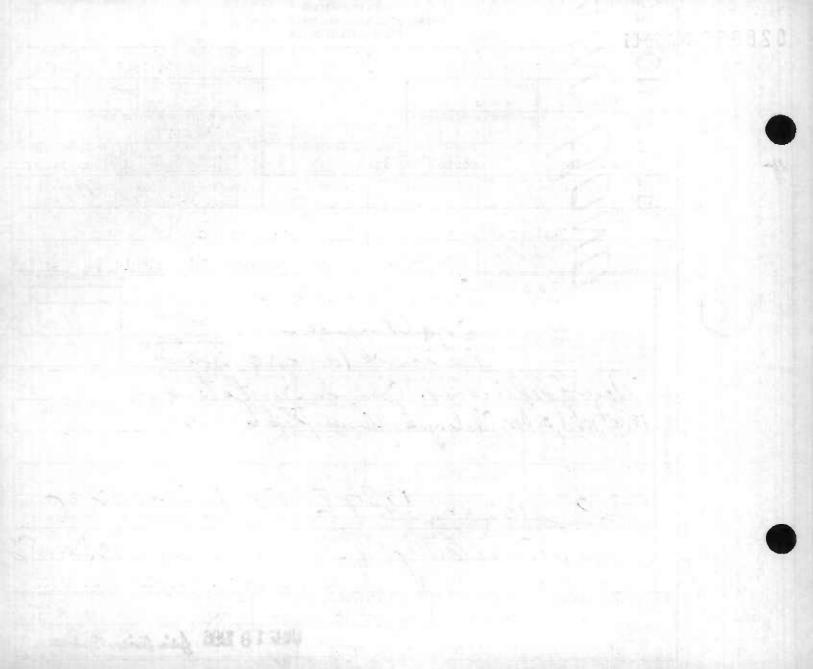
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CARL EDWARD ROBINETTE DECEMBER 6,1986 5:50		EASED NAME FIRST	MIDDLE	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b HOUR
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DE LE LA RESIDENCE IN MILE COUNTY MD INSCRIPTION OF RESIDENCE MODE ADDRESS / ZIP CODE ALLEGANY MD INSCRIPTION OF ROUTE ADDRESS / ZIP CODE ALLEGANY MD INSCRIPTION OF ROUTE ALLEGANY MD INSCRIPTION OF ROUTE ALLEGANY MD INSCRIPTION OF ROUTE LAST RET ADDRESS / ZIP CODE ROUTE 3 BOX 72A-Bedford RD ROUTE 3 BOX 72A-Bedford RD ROUTE 3 BOX 72A-Bedford RD LAST	2 23/2		(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKIN	
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The property of the property o	14 FAT	FIRST	AIDDLE LAST	FIRST	ame nsy Schell Hughe	LAST
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	A Pond College No. 190 M.	S, NO OR UNKNOWN) IF YES, GIVE	WAR OR DATES)			berland, MD-wife
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 10 of the part	the otherding p certified carbon emotion, or rem er troumatic eve	Canditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF	Phasm	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR FEITHER NOTIFY MEDICAL EXAMINER) 19	X, o unit	PART 2. OTHER SIGNIFICANT C			200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
The second of the second state of the second s	2.2 2.5 2. 2.5	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION		
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236 DURIAL, CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY & STATE	= £ 0 ±	abave, (1) (we) (did) (did not) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE	T te et l'	22d. PHYSICIAN'S NAME (Ripe OF	PPRH=1			
	stoined by the Council of the Counci	SIVAN A. PILL		915 SETON		D, MD, 21502



. Pa.		FOR		DEPART		E OF MARYLAND IEALTH AND MENTAL HYG	IENE 3 6 3	3 3	1 3
8036 DI	C 3	GEGSTRAR				ICATE OF DEATH	REG. NO.		
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offer a	1.58	male	* RACE Whit	0	5. DATE O	04-04-1936"	6 AGE (IN YEARS LAST BRITHDAY)	WOMINE DAY	
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1	18.C	Cumberland	11. NAME OF I	HOSPITAL NURSIN HEACURY GIVE STREY MOTIAL H	NG HOME	OR OTHER INSTITUTION	12s USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKA Machinist.	VBT10U	or Business or
1	13e.3	AL RESIDENCE IF NUESING NOME OF	NTY	THE CITY OR TOW	VN		13e STREET ADDRESS / ZIP C	ODE 91	9990
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12/	1	Cas	imer Rol	ek		Fra	nces Koscielsk		LAST
11/2		VAS DECEASED EVER IN U.S. A		14h SOCIAL SECT		17. INFORMANT	ADDRESS		
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0 7		II. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	ling or ray, (b), or	nd (c)	0 19		RETWEE	DRIMATE INTERVAL IN CINCET AND DEAT
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Jan /		THE PHYSICIANS NAME THE	2000	/	1	124 ADDRESS			Series des
WPORT		Dr. Miltenber	ger	V			re St. Cumberl	and, Md.	. 21502
2-1	23s. 5	URIAL CREMATION, REMOVA				EMETERY OR CREMATORY	234 LOCATION City Of Journ	COUNTY	STATE
_		Burial	12-19	-1986 S	t. Dor	minic Cemetery	Philadelph	ia	PA
16 60M 7/84	24.FI	INERAL DIRECTOR		Appenis		Obt	THE DO THE STRAIN 29 REC	SISTRAR'S SIGNA	ATURE
15, 4)		James F. Scar	pelli, C	umberland	d. Md	21502	- o mos guina	Tander Ro	PRINTS.

T CATACOT CATA



COUNTY STATE , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED 22. ADDRESS Memorial Hospital & Medical Center 27d PHYSICIAN'S NAME TYPE OF PRINT Dr. Q. Zaman Cumberland, MD 21502 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL BURIAL DEC 27 1986 SUNSET MEMORIAL PARK CUMBERLAND ALLEGANY MARYLAND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙈

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

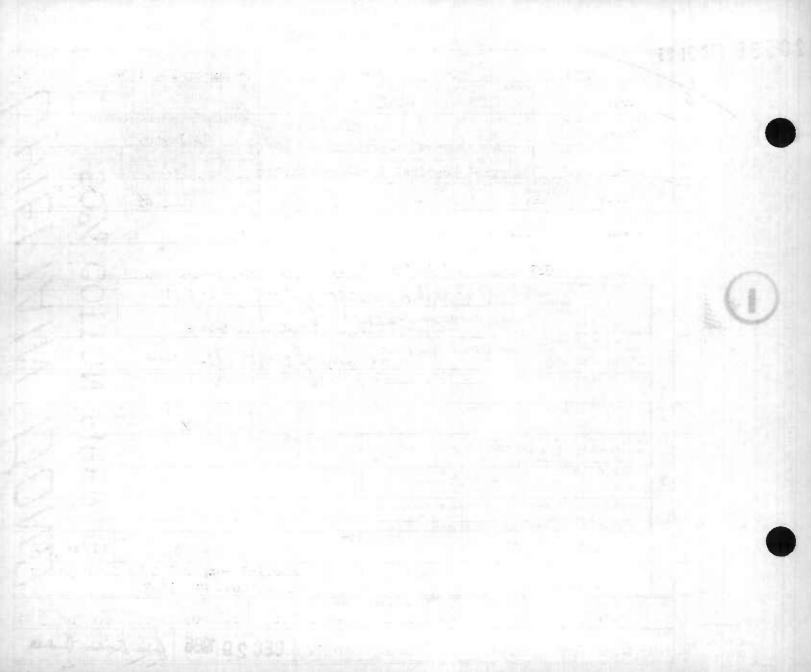
HAINES

15522

9:45 P

DHMH - 16-60M 7/84 (VRA 15, 4)

- STATE



REGISTRAR

Minnie

Olin

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gove rise to immediate cause (a), stating the

underlying cause last

190 DATE OF OPERATION

21d. INJURY OCCURRED

WORK NOT WHILE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

Virginia

TISA

Box

Allegany

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

White

Wilhelm

76 CITIZEN OF WHAT COUNTRY?

4. RACE

L DECLASED NAME

Female

Midland

Maryland

14 FATHER'S NAME

13a. STATE

To BIRTHPLACE ISTATE OF FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

STATE OF MARYLAND

5. DATE OF BIRTH

WIDOWED

Russell

Midland

166. SOCIAL SECURITY NO

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

Midland

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21h TIME OF INJURY

P.M

21e PLACE OF INJURY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

YEST

Ada

17 INFORMANT

211 LOCATION

22e. ADDRESS

REG. NO 20 DATE OF DEATH MONTH 2b HOUR 1986 December 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAY 1897 YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany County DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE House 13d INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP CODE 542 NOF 15 MOTHER'S MAIDEN NAME MIDDLE Garlitz ADDRESS Mrs. Mary Devlin Box 92 Midland Md. lascular Acciden PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 28m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE , and that i (my) four) apinian death accurred an the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

Boals Funeral Service

230 BURIAL CREMATION, REMOVAL 23b. DATE 12/6/86 Burial

220 1 certify that (1) (this hospital) attended the deceased from

abave, (1) (we) (did) (did not liview the body after death

23¢ NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery

DEGREE

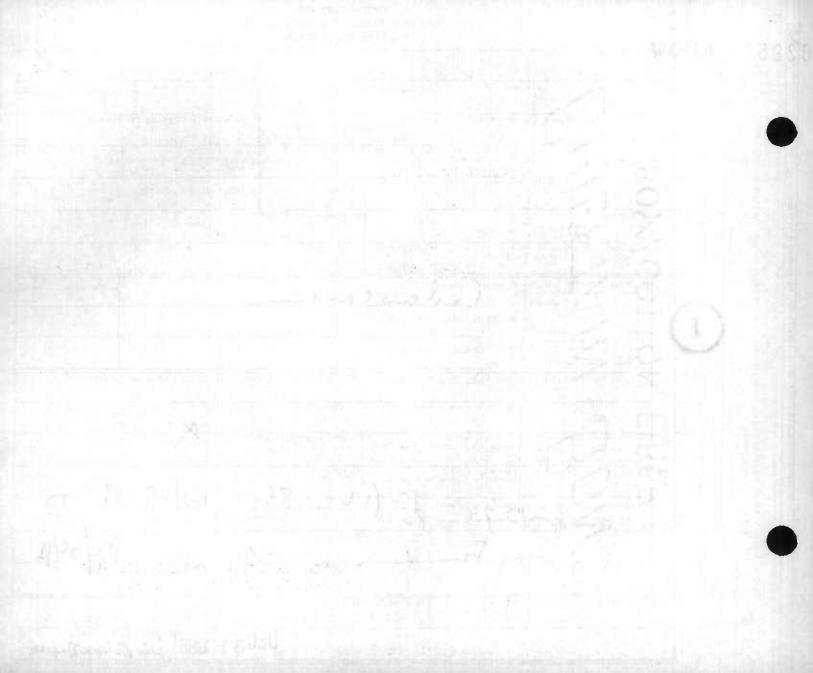
Barton Allegany Maryland REGISTRAR 256. REGISTRAR'S SIGNATURE

Westernbort Md. 21562

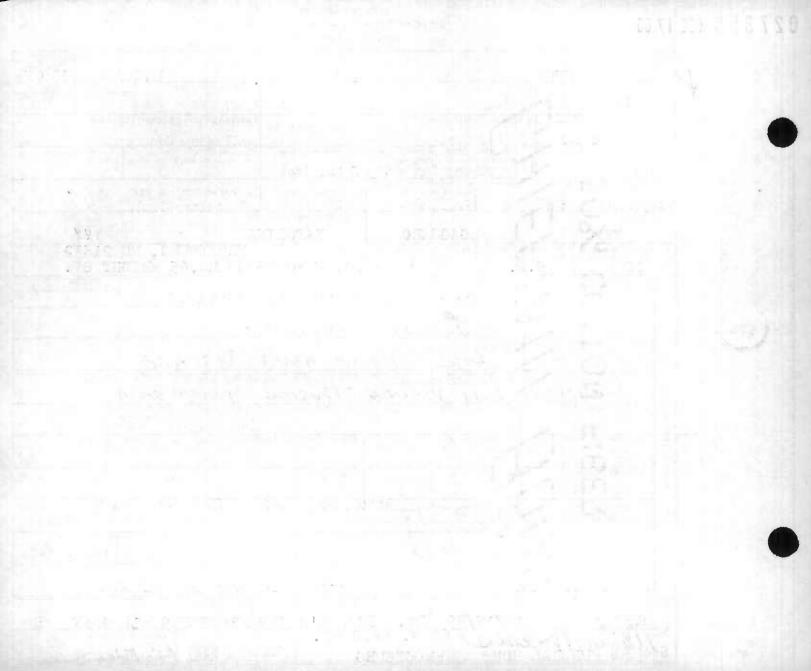
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Coanth admirat Chati CONTROL VINENERAL X or so the state of x a. Gild a Miles on selling to the selling of the sel approved the elle and and a contract of the artists local figure of the first the light with the second of the

5				FOR STATE REGISTRAR			DEPARTM	STATE OF N SENT OF HEALTH CERTIFICAT	AND MENTAL HY		6 REG. NO.	3	3	4 2	i
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	y be	ofter death		R	UTH	н		SCOTT			R 29, 1			2:25A	И
	4 mg	offer	3.	SEX		4 RACE		5 DATE OF BIRT	DAY YEAR	6. AGE (IN YEAR		MONTHS	DAYS	HOURS MIN.	-
	Poge	S .	70	female BIRTHPLACE (STATE OR	SOREIGN.	white	COUNTRY?	8	26-1899	0 BALTIMORE	CITY OR COUN	-	EATH		-
		12 th	7	Ohio	POREIGIA	USA	COOMINT.	MARRIED WIDOWED	DIVORCED		egany	TIT OF DE			
	er de	withir ied	10	CITY OR TOWN OF DE	ATH	11. NAME OF HOSPI		G HOME OR OTH	to the same of the	12a USUAL OC	CUPATION	126	KIND OF	BUSINESS OR	2.
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0 2 1 3	t hou	and be	A.	UAL RESIDENCE (IF NUR a. STATE	136 COU	NTY 136. C	ESIDENCE BEFORE		SIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP CO	ODE		A NES	
LAN	hin 2. Ily fill	e e	14	MD FATHER'S NAME	L A	llegany O)ldt.own	YES 15 M	OTHER'S MAIDEN N		/21555				_
MARYLAND	d with	Jacob S	9	FIRST	lip H	Hilderbr	and	13.70	Mary		AIDDLE		LAST		
ui	ecute d con	ges 1 dicole	16	WAS DECEASED EVER	IN U.S. AF		SOCIAL SECUR	RITY NO. 17 IN	FORMANT	rayioi	ADDRESS				-
IIMORI	be ex	s. Pog		NO NO OR UNKNOWN)	IF YES, G1		9-03-57	754 Mr	s. Wilda	McLaughl:	in. Oldt			- daugh	te
4	cote vale	and		18 CAUSE OF DEAT	H (Enter of	nly one cause per line fo	ar (a Nb), and	(cu)				-	APPROXIM BETWEEN OF	NATE INTERVAL	_
15	Centil Fig. pl	1	V		IMMEDIA	TE CAUSE (o)	Ne	-> CA	<u> </u>						-
STO	south thend	(F	1	Canditians, if any	. which	DUE TO, OR AS A	CONSEQUE	NCE OF							
PR	4 4	N	1	gove rise to im cause (a), stati	mediate	DUE TO, OR AS A	A CONSEQUE	NCE OF						THE STATE OF THE S	
3	\$ th	int. o		underlying cause	last.	(c)				7774					_
05.2	autho	o bring	1		NIFICANT	CONDITIONS CONTRI	BUTING TO D	EATH BUT NOT F	ELATED TO THE TER	MINAL DISEASE C	RCONDITION	GIVEN IN	PART Ita		
COR	Deen te	1000	2	19a. DATE OF OPERA	TION	196 CONDITION	FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPS	Y? 20b. IF	YES, WER	E FINDING	GS USED	-
AL RE	the to	to and	4								98	YES [CAUSES	DF DEATH?	
114	April	101		OR CONTRIBUTION				Y YEAR 21c. H	HOW INJURY OCCU	RRED (ENTER NATUR	OF IN JIRY IN ITEM	18 PART I OF	PART 2)		
0 20	YSIC Fing 1	Mento		(IF EITHER NOTIFY MED	CAL EXAMINE		ILIDA	19	OCATION						_
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ō	NON A	tealth s mai		22a.1 certify that (1	the hosp	ital attended the dece	eased fram	116	19	, to_	00	19	0 , 1	na (II) we) las	-
-	ATTE	of 10		now the decease	ed the m	w the body after	death.		in (my) (our) opiniar	death accurred a	n the date and	haur and I	ram the co	auses stated	
	E SE	Drop II		224 SIGNATORS	5	1		DEGRE		MEDICAL	STAFF		2c. DATE S	GNED	
	HOSPITAL med by II	The State	+	22d. PHYSICIAN'S N	AME IIII	DE PRINTING	-	MEI	PHYSICIAN TO SEE THE PHYSICIAN	MEDICAL DIRECTOR DIRE	EDICAL		OTNG	1/2	_
	O FUN			DR. FISC	US				BERLAND,			502	22(0		
	5 1 5	413-	23	BURIAL, CREMATION					RY OR CREMATORY	23d LOCATIO		row	ytv	STATE	=
	BP			DULTO	1	12-31-19	86 Day	vis Memo	rial Cem.		erland		egany	MĎ."	
		6 60M 7/B4	24	James F. S	carne	lli, Cumbe	rland	MD 2150		EUS 1	986 Aug	A	SIGNATU	RE	
	IAKM	13, 4)				,,		. 10 2170.			June	- Praise		Annual Company	_



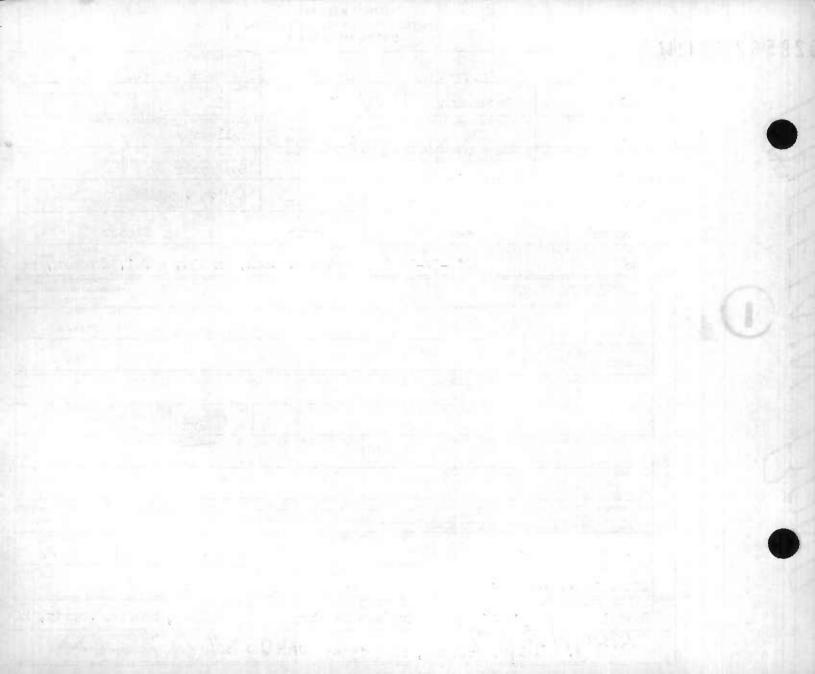
027358 DEC	17-89R REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 6 3 3 4 2 2
	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
noy be	(TYPE OR PRINT) France	ch	Sgaggero	12/12/86 10:40Pm
moy po	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
rector	Male	White	**************************************	91 YRS. MONTHS DAYS HOURS MIN.
2 kg di 2 kg	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
deoth unera	United States	United States	WIDOWED DIVORCED	Allegany County MD.
the f	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION 12b, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201	Frostburg	Frostburg Comm	unity & Hospital	
BALTIMORE, MARYLAND 21 cote be executed within 24 hou visicion and campletely filled in apers. Pages I fand a should be vool. It, the medical examiner must be nt, the medical examiner must be	13a. STATE 13b CC	e OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DUNITY 13. CITY OR TOW Frostbur	'N 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 2/532 ME MIDDLE MIDDLE MADDLE
WA be ed to	YEMO	SGAGGER	O KATORI	NA ?12
MORE, and ca Pages 1	(YES, NO OR UNKNOWN) (IF YES		RITY NO. 17. INFORMANT	FROSTBURG, MD 21532 GAGGERO, 65 WRIGHT ST.
F VITAL RECORDS, 201 W. PRESTON ST., IAN: The low requires that the death-certification. Histore has been signed by entraining plus of the price of	Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN PART 3 OTHER SIGNIFICAN PART 3 OTHER SIGNIFICAN PART 4 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (b) CARDIA DUE TO, OR AS A CONSEQUE (c) ARTERIOS IT CONDITIONS CONTRIBUTING TO BE 196. CONDITION FOR WHICH	ENCE OF ARRYTHM ENCE OF ARRYTHM ENCE OF COLOROTIC HEAR DEATH BUT NOT RELATED TO THE TERM WRAL EFFUSION OPERATION WAS PERFORMED	DISEASE NIMAL DISEASE OR CONDITION GIVEN IN PART 110.
DIVISION C ATTENDING PHYSIC nospirol or ottending RECTOR: After this car ed for use os the burion pt. of Health and Ment pt. of Health and Ment	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has saw the deceased glive	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	city or town county state 2 , to Dec 11 , 1986 , that (1) (we) lost death occurred on the date and have and from the causes stated
O HOSPITAL OR etained by the h TO FUNERAL DIR should be detach with the State Deg	224 PHYSICIAN'S NAME (IV Dr. S. Chang	M.D.	ATTENDING PHYSICIAN PARTIES Hecks Plaza	MEDICAL STAFF 12/14/86 PHYSICIAN 12/14/86 Frostburg Md 21532
	230. BURIAL, CREMATION, REMOV		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STATE
BP DHMH - 16 60M 7/84 (VRA 15, 4)	SOWERS THER	Sowers 60 W	MICHAEL'S CEN MAIN ST. 250 DAY OF TRUEG	E REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



29449 JAN -	87	FOR STATE REGISTRAR	DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HENE 3 6	3 3 4	2 3
m.4		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR A
by be oge 3 death		JUHN	FRANCIS		FFER	December 3		2:06 M
ge 4 mc ector. p	3. SE	x Male	4. RACE White	5. DATE O		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
scoth. Po	M	aryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Allegar	-	MD.
2 My the fu	10 C	TY OR TOWN OF DEATH Cumberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMOTIAL H	G HOME C ADDRESS) OSPIT	or other institution al	12a. USUAL OCCUPATION OF WORK FOR MOST OF OPERATOR	ON 126 KIND OF INDUSTRY CONST	BUSINESS OR Cruct
ed within 24 hours	M	aryland Affe	gany Locust	Grov	YES NO A		2285° / 2150)2
MARYL ed within	14 F.A	Paul.	H. Shaffe	r	Angela	ME	Jenl	tins
BALTIMORE, cote be execut one coppers. Pages I wal. It, the medical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 216-22-7		Mary Jane	Shaffer- s		ve
PRESTON ST., BALTI he retail retails to be		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which	oly one cause per line (a), (b), one D BY: TE CAUSE (a) DUE TO, OR AS A SONSEOUE (b)	D -	Recharator He marte m	y Arres	APPROXIA BETWEEN O	vate interval NSET AND DEATH
201 W. PR es that the ned by the please rem viral, cremo		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR ASIA CONSEQUE	nced	Q Cè	lin	DITION GIVEN IN PART LIG	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir rottending physician. Witer this certificate has been signs the burlot-transit permit. Then the and Mental Hygiene prior to be orked or Item & Shows any injury orked or Item & Shows any injury	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WHICH			20a AUTOPSY? YES NO	206 IF YES, WERE FINDIN IN CERTIFYING CAUSES (
ICIAN: ICIAN: g physic ertificate rial-transmoral Hygels stem 18 stem		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED { ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
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TTAL OR by the Py the Dis RAL DIR detach to the Description To the Description Title Description Descr		Up	cus		ATTENDING PHYSICIAN	MEDICAL STAF		/86.
O HOSPITAL efoined by if TO FUNERAL hould be det with the Store		224 PHYSICIAN'S NAME (T) o	DR PKINT }		Memorial Hos Medical Buil	pital ding Cumber	rland,Md. 215	502
BP		BURIAL, CREMATION, REMOVAL			emetery or crematory wm Mem Gar	d Kavale	Allegany	Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR	.00		25a DAT		256 PEGISTRANS SIGNATU	
(VRA 15 4)	Jo	hn J. Hafer.	Jr Lava	le.	Md J	VI 0 1201	0	3

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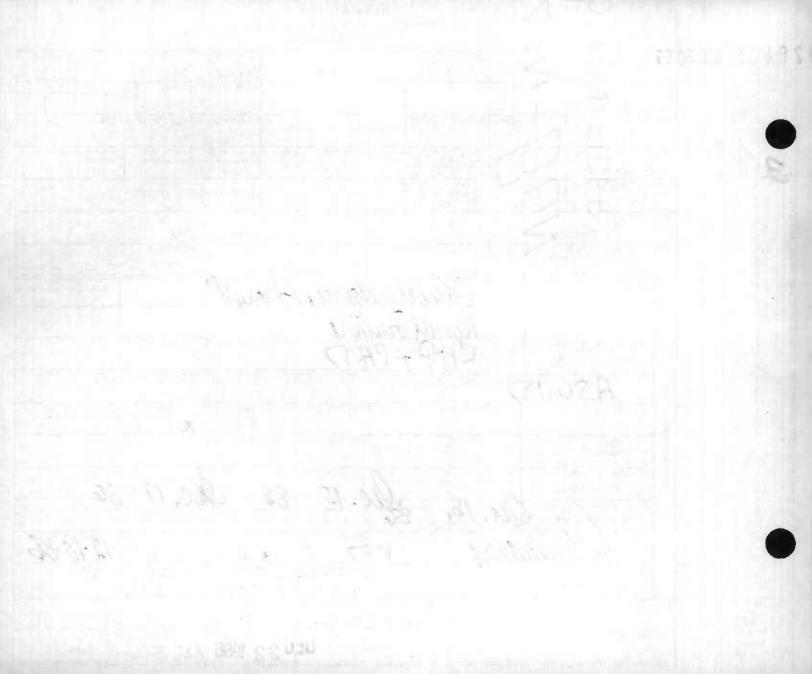
1562 JAN	12	97	FOR STATE REGISTRAR			RTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. N		+ 2 4	
0 0 L 0.111	1 6-		CEASED NAME FIRST OR PRINT)		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY YEA	2b. HOUR	
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ge 4 meetor. p		3. SE	emale		asian	S DATE C	/30/1893 YEAR	6. AGE LINYEARS LAST BIR	YRS PUNDERTY	AYS HOURS MIN.	
nerol dir	25	/ BI	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNT	RY? B MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O	R COUNTY OF DEATH	4 MI	
s ofter do by the fur iled within	50		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NUE CH FACILITY, GIVE ST	REET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKER	OF WORKING LIFE) INDUST	ID OF BUSINESS OR TRY	
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npletely fond 2 sho	3	MFA	Samuel	MIDDLE	Reese		15 MOTHER'S MAIDEN NA Beuna		Eicher	LAST	
n and col	3		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIALS 214-32		Martha I. Co	ook, Bx 535,		ndman, PA	
been signed by the official print Their Section Section of the prior to buring committee on the only injury, or other requesite to	been uigned by the of inding plant. Their please emerge comparing process or emotion, are always from a comparing the event individual events.	ATION	CERTIFICATION	Conditions, if any, which gave rise to immediate couse ol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(b)	OR AS A CONSE	OUENCE OF	A SH D - CH A			NDINGS USED
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SICLANI Sphysic certificals mal-from antal Hyg bent 18 sl	9	MEDICAL CEI	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	AIR	OF INJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART TOR PART	2)	
MG PHY offered on the bu- th and M	1	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY PREET, FACTORY, OFF	ICE, FARM ETC)	2H. LOCATION STREET	CITY OR TO		STATE	
HOSHIAL OR ATTENDIN classed by the hospital or ould be detected by the ould be detected by user, the state bept at Hosh PORTANT if here 21 is mo	1		270.1 certify that (1) (this hosp saw the deceased alive as above. (1) (wes to be) (did no 272b. SIGNATURE 272d PHYSICIAN'S NAME (1796.) DR. JOHN T. WE	n 12-27 at) view the bady	vatter death.	9, aı	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN I 1068 National LaVale, Mary	MEDICAL STALL DIRECTOR PHYSICAL HWY	ate and hour and from	that (I) (we') lost the couses stated ATE SIGNED -29-8-6	
D # 2533			BURIAL, CREMATION, REMOVAL Burial	12/31			EMETERY OR CREMATORY n Cemetery	23d. LOCATION	, Bedford (County STATE P.	
OHMH - 16 60M 7/1 (VRA 15, 4)	84	24 FI	Harvey A. Ze	lu luigler, I	Hyndman	ss PA	15545 JANC	5 1987 Jul	256 REGISTRAR'S SIGN		



	1,111		PECEASED NAME	FIRST	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
y be	deor	L	EDG	AR F	FINLEY	SH	ATZER	DECEMBER O	
OE A	ž.	3.	SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS A
30e	5		Male	Whi				81	YRS.
death. Pe	33)	BIRTHPLACE (STATE OR F		USA	WIDOWE	- 4.5	ALLEGANY C	
s ofter o	Illed with	2,10	Cumberland	TH 11. NAME OF THE SACR	DE HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET ED HEART H	IG HOME C	or other institution AL	120. USUAL OCCUPATIO LIYPE OF WORK FOR MOST OF Retired	ON 12b. KIND OF BUSINESS INDUSTRY Utility Co
n 24 hour	and be	13	SUAL RESIDENCE (IF NURS STATE Maryland	ING HOME OR OTHER INSTITUTE 13b COUNTY Allegany	ON GIVE RESIDENCE BEFORE 13. CITY OR TOW Cumberla	N .	13d INSIDE CITY LIMITS? YES NO 🔣	13e STREET ADDRESS / Route 4,	ZIP CODE Box 36221502
ted within	150 S	14	FATHER'S NAME FIRST Con	rad Shatzer	LAST		15. MOTHER'S MAIDEN NA. FIRST Sidney	Rebecca Dan	
be execut	Pages 1	16	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES			Mr. Royce F.	Shatzer, Ci	umberland, Md. So: sapproximate interva set ween onset and de
on that the de	great by the am in please remain bursal, cremation by, or other trou	ry, or other trou		nediate ng the DUE TO, last.	OR AS A CONSEQUE		NOT RELATED TO THE TERM	linal disease or cond	DITION GIVEN IN PART 1103
1 been 5	Unuil permit. The Hygiene prior to B shows ony inju		21g. ACCIDENT WAS UNI	DERLYING 21b. TIME	NDITION FOR WHICH E OF INJURY A.M. MONTH DA		N WAS PERFORMED	280 AUTOPSY? YES NO RED (ENIER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
CLAN, The physician of thicate has	59 E /		THE CHANGE PROPERTY WEEK			17			
NG PHYSICIAN. The attending physician the certificate has	th and Merial		AT WORK AT WO	RED 21e. PLAC	CE OF INJURY , STREET, FACTORY, OFFICE, F.	1	211 LOCATION STREET	CITY OR FOW	vn COUNTY STAT
A OR ATTENDING PHYSICIAN, The the hospital or attending physician, IL DIRECTOR, After this certificate has	efoched for use or the burief in the Dept. of Health and Mendal T. If Ivem 21 is marked as Irem.		220.1 certify that (I) sow the decease	RED 21e. PLAC (AT HOME. (this hospital) attended	CE OF INJURY STREET, FACTORY, OFFICE, F. the deceased fram	6 , 01	STREET LUL , 19 6 and that in (my) (aur) apinion of the company	, ta	te ond hour and from the causes state
MOSPITAL OR ATTENDING PHYSICIAN The similar by the hospital of offending physician stranging physician stranging physician page 120 MECTOR. After this certificate has	oold be detached for use or the burial to thithe State Dept, of Health and Mendal PORTANT, if hem 21 is marked as them		22a certify that (I) sow the decease	RED 21e. PLAC (AT MOME. (this hospital) offended ed alive on 2 AME. (THE COMMENT TO BE	CE OF INJURY STREET, FACTORY, OFFICE, F. the deceased fram	6 , 01	ATTENDING PHYSICIAN [, to	te ond hour and from the causes state

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0.1.0.5		FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 6 3	3 4 2 6
8 4 8 5 DEC	30	CHEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
2 de		MARY	BLACKLIN	SHEARS	DECEMBER 17, 198	
0 4	2	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS
# 55		female	white	08-04-1900	86 yrs.	
	X	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OR Allegany	OF DEATH MD.
2		CUMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOSPITA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE housewife .	12b. KIND OF BUSINESS OR INDUSTRY OWN home
in 24 hours	9	30. STATE TO M.	or other institution give residence before INTY 13c. CITY OR TOW FORT AS	shby 13d Inside City Limits?	13e.STREET ADDRESS / ZIP CODE NONE / 26719	99999
maker and with a second 2.	29	FATHER'S NAME FIRST Thomas [Blacklin_ LAST	15. MOTHER'S MAIDEN N	leanor Grimes	LAST
deol deol	4	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECU		ADDRESS	
4 67	2	no	213-24-5	Mr. Charles	R. Hahn - Fort As	shby, WV - son
physic npope moval,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per light o	mulmous 14	ms/	RETWICE CONST AND DEATH
N. PRESIDENT IN THE GRATH LE TRY THE ABOUT COURT OF THE ABOUT COURT OF THE ABOUT OF		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	Faction + CAT		
duires of quires of then ple to burion		PART 2. CANT	ONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	IN IN PART 110
the low or	7	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
CLAN. T physical militaria politicals and thyginal	100	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	IRT 1 OR PART 2)
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TAL OR AT V We houp RAL DIRECT defended to defended to MI. If mem 2		22b. SIGNA CHE	WMW	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	12-18-66
HOSPI Toined b D FUNE Sould be WORTAN	/	DR. T. WILLIA		² MEMORIAL HO CUMBERLAND,	SPITAL MEDICAL BY MARYLAND 2150	
100099	2	So. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
1779-11	2	Burial	12-19-1986 Da	vis Memorial Ceme	Tery Cumberland ATE REC'D. BY REGISTRAR 255. REGISTR	Allegany MD
DHMH - 16-60M 7/1			ADDRESS		0 1096 / REGISTRAN	



24 FUNERAL DIRECTOR

William G. Kight Cumberland.

DHMH - 16 60M 7 R4

(VRA 15, 4)

STATE OF MARYLAND

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burial sec.14,1986 Sumset Memorials. Cumperland, Allegary FD

William G. Might Cumberland, No. 10 17 HB & Dealer Band

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•	25 55 55 FJ	(17)	C OR PRINT)	James	W	I. S	tephe	enson	DE	ATH MATED	12-9	- 19 86	M
	PLEASE ECTOR. FILES. HOURS STREET,	3. SEX	(4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER		OATE IOUNCED		DAY YEAR	2d. HOUR
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	EXAMINER: CERTIFICATE FULD BE FOR: DIRECTOR: , WITH THE S MARYLAND,		death resulte	d from: Natur	rol couses	Accident ,	Suicide	, Homicide .	Undetermine	ed monner ,			
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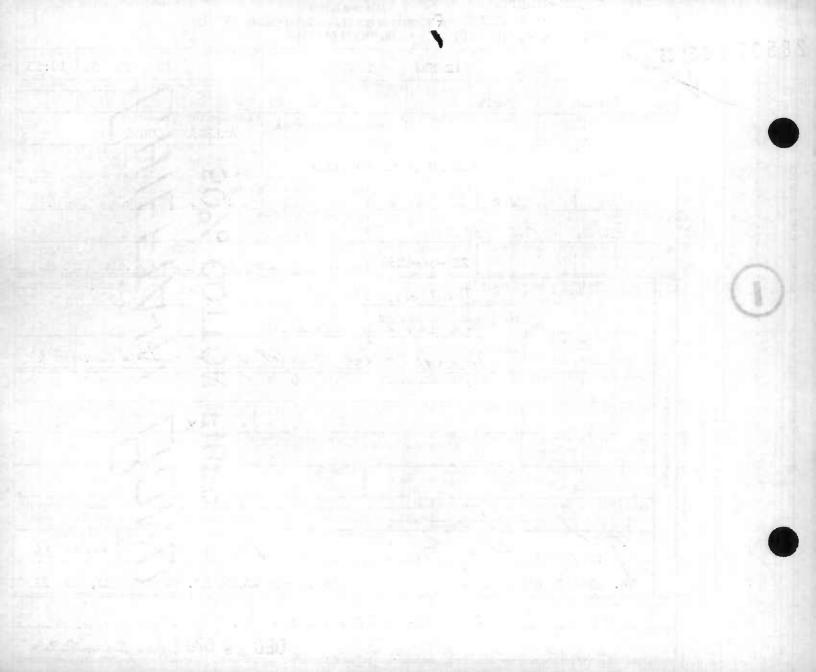
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pitol TTOR for to of H		saw the decease above, (I) (weld	d olive on	view the body	ofter death	, or	nd that in (my) (aur) a	pinion de	oth occurred on the	date and h	our and from the	causes stated
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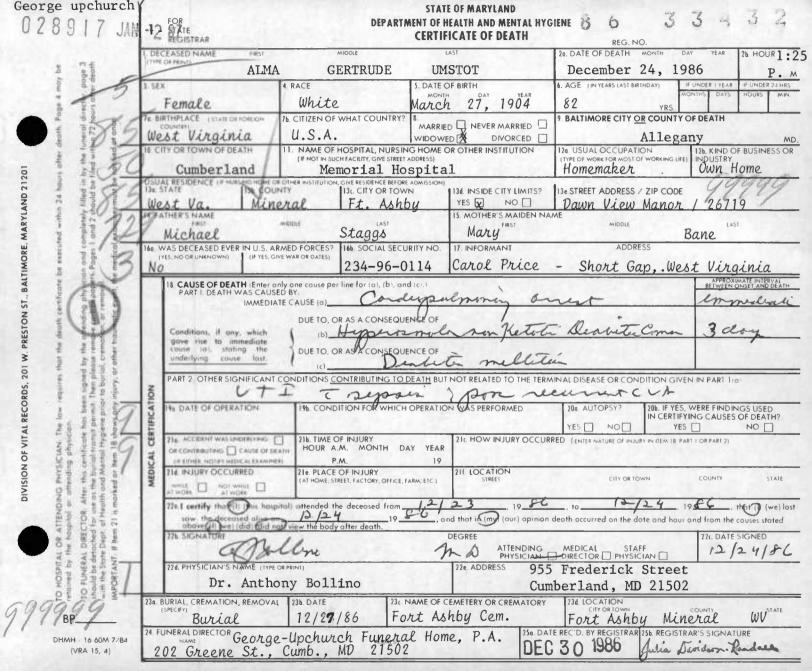
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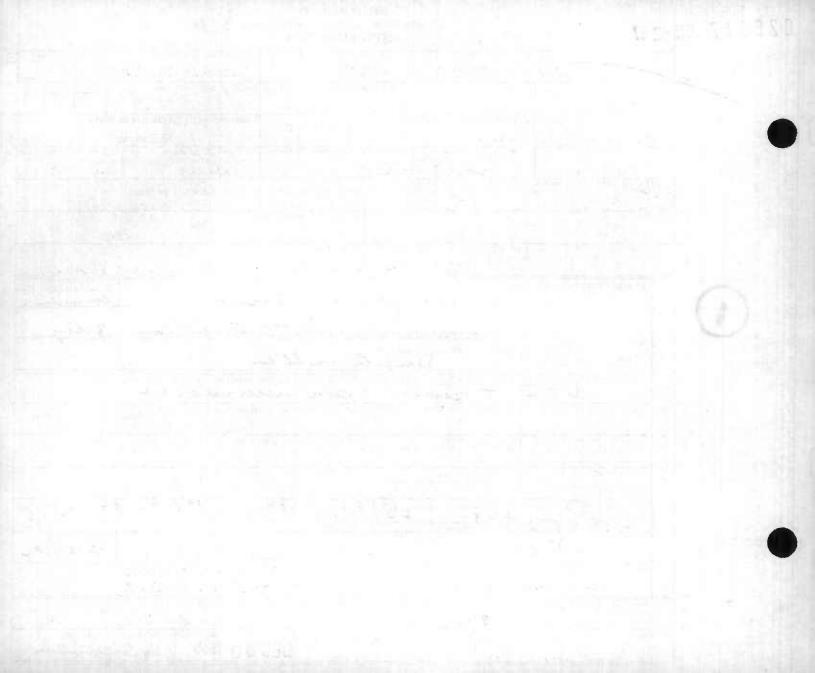
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5 g 5 g ₹ ₹ ₹	2:	Burial, CREMATION	N, REMOVAL			C. NAME OF C			23d LOCAT	O TOWN		COUNTY	CT.4	7.5
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DHMH - 16 60M 7/84 (VRA 15, 4)	24	EUNERAL DIRECTOR	George	t-Upchw t-Cumbe	rch Fune	ral Har	no PA	250 DAT	EC171	986	256 REGISTR	AR'S SIGNA	TURE	

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12 At 25 P	PERMITTER TO THE PROPERTY OF T	T.K.
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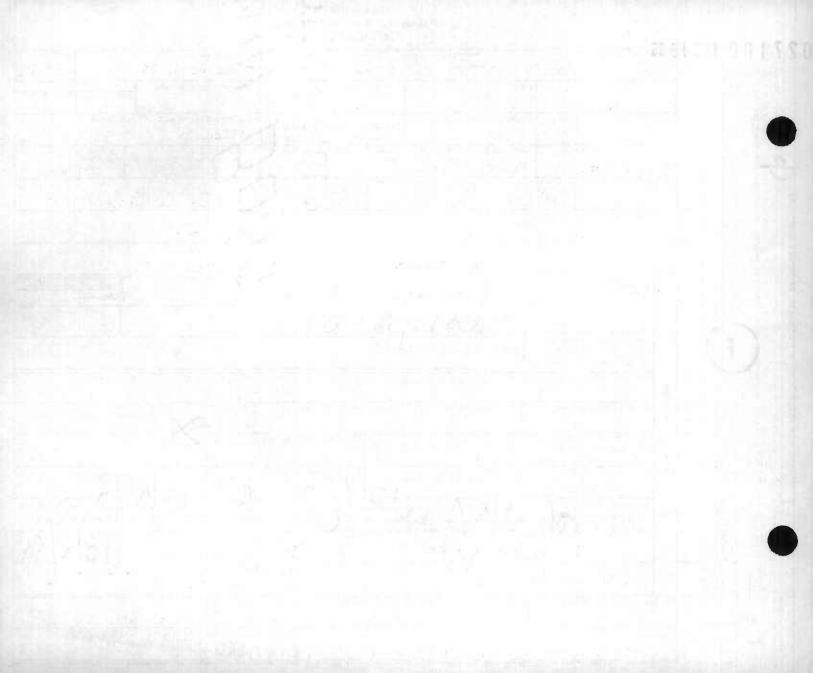
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19010	1	RICHARD		TEETER LAST		DEBÖRAH	ANN		VAN LA	
111	16a V	VAS DECEASED EVER IN U.S. AR yes, no or unknown) (if yes, giv	MED FORCES? (E WAR OR DATES)	220-86-4		DEBORAH KELL	ER 38 TRAIL			21502 CUMBERLANI
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of PerySig otherding the this ce in the burie h and Meri	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE	· ·	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (I) (this baspi series the decorated allows on above. (If we) (15.9) (d. d. no 17th Signs (19.9)	_//	10		, 19	death accurred an the d		r and fram the	that (I) (we) last causes stated SIGNED







			1,	FOR - STATE		DEI	PARTMENT	THE OF MARTLAND OF HEALTH AND MENTAL HY	GIENE 8 6 3	3 4 3 5
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. 1 1	UU	E DEC		PE OR PRINT	FIRST	MIDDLE		LIDOT E		DAY YEAR 2b. HOUR
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	erol o	72 P	76.	COUNTRY)	OREIGN	USA	MA	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Allegany	I OF DEATH
2	offer de	ordies o		CITY OR TOWN OF DEA	тн		URSING HO	ME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	
	24 hours	With T	105	UAL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OF	E BEFORE ADMISS	INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	OWN home
	within pletely fi	Ominer /	14.	FATHER'S NAME		MIDDLE LA		YES NO 1 15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	executed ond com	oges 10	160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. AR		L SECURITY N		Susan (nmn) ADDRESS Atch, Sunrise, FL	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	been stands by the criterian	mit. Then place remove coding price to burid, cemedian, or only miury, or other traumatic	CERTIFICATION	Conditions, if any, gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL	lost.	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	G TO DEATH			S, WERE FINDINGS USED
	Con.	112				A LOUIS DE			YES YOUN Y	FYING CAUSES OF DEATH? ES NO
	ing physical	Mendal Hy	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DE	HOUR A.M. MONT		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY WITEM 18	PART 1 OR PART 2)
	or after the	solith and marked a	ME	MHINE NOT WH AT WOR	HE [(AT HOME, STREET, FACTORY, of	1	STREET	CITY OR TOWN	OUNTY STATE
	Spepital SECTOR	hed for u ept. of He frem 21 is		abovi (I) we)		I view the hody after depth.	6	ond that if (my) (our) opinion	death occurred on the date and hou	22c. DATE SIGNED
	S by the	TANT H	1	22d. PHYSICIAN'S NA					MEDICAL STAFF DIRECTOR PHYSICIAN Tal Hospital Med	i. Bldg.
1	P D	ould be		Dr. Guy F	iscus	1			erland, MD 21502	(
,	BP	2337	230	BURIAL, CREMATION,	REMOVAL	23b. DATE 12-08-1986		of CEMETERY OR CREMATORY rest Burial Par	23d LOCATION CITY OR TOWN CUMberland	Allegany MD
D	HMH - 1	6 60M 7/B4	24	FUNERAL DIRECTOR		IOA	ORESS	25a. DA	TE REC'D. BY REGISTRAR 256 REGIS	TRAR TO GO AT THE
		15, 4)		James F. St	carpe	lli. Cumberla	nd. MD	21502 0004	0 1980, guilt warran	and a company



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR CEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH (TYPE OR PRINT) NETTIE LOUISE VALENTINE December 17, 1986 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1. SEX MONTH YEAR female 06-22-1909 white a. BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWEDIX DIVORCED ALLEGANY II. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) MEMORIAL HOSPITAL CUMBERLAND. former employee Allegany 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Cumberland 342 Dorn Avenue/21502 YES KK NO [IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME Clifford Elliott Mary C. Lynch 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 214-07-4442 Mr. Joseph W. Elliott, Cumberland, MD-brother III. CAUSE OF DEATH | Enter only one cause per light PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a I Customens Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 70s AUTOPSYT IN CERTIFYING CAUSES OF DEATH? TIN ACCIDENT WAS UNDERLYING TO 216 TIME OF INJURY THE HOW INJURY OCCURRED (SHIES MATURE OF DANAGE OF TEN IS HART I CHIEFART II OR CONTERBUTING [7] CAUSE OF DEATH HOUR A.M. MONTH DAY LE STREE, NOTEY MEDICAL EXAMINER. P.M. 214 INJURY OCCURRED 2H LOCATION 25e PLACE OF INJURY VEH TOWN AT HOME STREET, FACTORY, OFFICE FAI NOT WHEEL and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

12-20-1986

73b. DATE

Dr. T. Williams

Burial

230 BURIAL CREMATION REMOVAL

Cumberland

NO F

2h HOUR

12h KIND OF BUSINESS OR

textile

IF UNDER 1 YEAR

INDUSTRY

22. MEMORIAL HOSPITAL MEDICAL BUILDING

CUMBERLAND. MARYLAND. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

St. Marys Cemetery

STATE OF MARYLAND

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Or 72 / 5	country		USA	F WHAT COUNTRY?	WIDOW		ORCED	9 BALTIMORE C		County,	MD.
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AND 212	MD MD	13b. CC	e or other institution ounty.	134. CITY OR TOV	VN	136 INSIDE CIT	ио ∭	13e STREET ADD			21502
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	No			21516487	7	Charle	es S.	Walber	t Cumb	erland	, MD
ORDS, 201 W. PRESTON S requires that the death ce- ten signed by the attending at Then please remove carbo ar to burial, cremation, ar sy rejury, or other traumatic	gave recouse underly	ons, if ony, which ise to immediate (a), stating the ing couse lost.	(b)_ DUE TO, (c)_ IT CONDITIONS	OR AS A CONSEQUENCE OR AS A CONSEQUENCE CONTRIBUTING TO	PENCE OF	NOT RELATED					
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No a sold a				the deceased from_			. 19	, to			, That (I) (we) lost
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DHMH - 16 60M 7/B4 (VRA 15, 4)	Willi	am G. K:	ight	Cumber	land	MD	DE(29 198	6 Juli	Divideon.	gany MD

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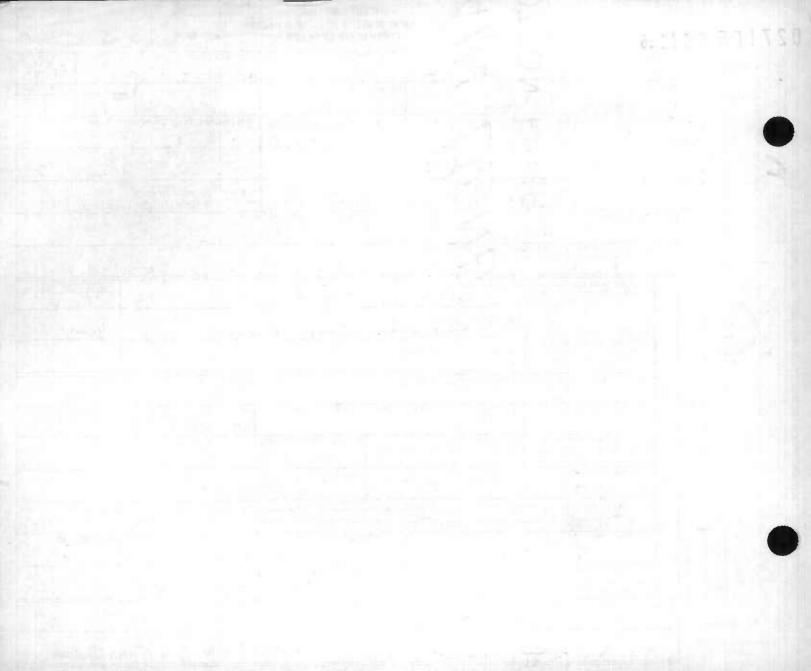
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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS **EDWARD** 3:30A **JEREMIAH** WILSON December 31,1986 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX IF UNDER I YEAR MONTH MALE WHITE NOVEMBER 10 1904 Ta. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRYS Allegany **MARYLAND** WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Memorial Hospital TAVERN OWNER AND OPERATOR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c, CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND ALLEGANY CUMBERT AND 630 BROOKFTELD AVE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE WILSON GERTRUDE BLANCHE **JOHNSON** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21502 (YES, NO OR UNKNOWN) 214-05-4217 NO GRACE WILSON 630 BROOKFIELD AVE CUMBERLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I DIVISION OF VIT 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) STREET NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from sow the deceased alive on abaye, (1) (we) (did) (did not) view the b and that n (my) (aur) apinion death occurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED FUNERAL old be deto DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME Memorial Hospital Medical Bldg. Dr. Guy Fiscus Cumberland, MD 21502 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE CREMATION 1986 ROSEDALE CREMATORY MARTINSBURG BERKELEY W VA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MARYLAND (VRA 15, 4)

